



**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE**

**THURSDAY, JUNE 10, 2021
2:30 P.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-N
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:

- 1) Listen to the live audio at +1 (562) 247-8321 - Access Code: 665-696-637 or**
- 2) Participate via Webinar at: <https://attendee.gotowebinar.com/register/764653577888416268> rather than attending in person. Webinar instructions are provided below.**

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

- A. [Approve Minutes of the May 13, 2021 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee](#)

IV. PUBLIC COMMENT

At this time, members of the public may address the Member Advisory Committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

V. REPORTS

[A. Consider Approval of FY 2020-2021 Member Advisory Committee Accomplishments](#)

VI. MANAGEMENT REPORTS

- [A. Chief Executive Officer Report](#)
- [B. Chief Operating Officer Report](#)
- [C. Chief Medical Officer Report](#)

VII. INFORMATION ITEMS

- [A. Committee Member Updates](#)
- [B. Department of Health Care Services - Population Needs Assessment Program Annual Update](#)
- [C. Behavioral Health Update](#)
- [D. Federal and State Legislative Update](#)

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

Webinar Information

1. Please register for the Member Advisory Committee Meeting on June 10, 2021 at 2:30 PM PDT at: <https://attendee.gotowebinar.com/register/764653577888416268>

After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.

Note: This link should not be shared with others; it is unique to you.

Before joining, be sure to [check system requirements](#) to avoid any connection issues.

2. Choose one of the following audio options:

TO USE YOUR COMPUTER'S AUDIO:

When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

--OR--

TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: [+1 \(562\) 247-8321](#)

Access Code: [665-696-637](#)

Audio PIN: Shown after joining the webinar.

MINUTES

SPECIAL MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

May 13, 2021

A Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on May 13, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing limitations of the Brown Act.

CALL TO ORDER

Chair Christine Tolbert called the meeting to order at 2:33 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Christine Tolbert, Chair; Pamela Pimentel, Vice Chair; Maura Byron; Sandra Finestone; Connie Gonzalez; Hai Hoang; Sally Molnar; Patty Mouton; Melisa Nicholson; Kate Polezhaev; Steve Thronson;

Members Absent: Linda Adair; Sister Mary Therese Sweeney; Mallory Vega

Others Present: Richard Sanchez, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D. Chief Medical Officer; Gary Crockett, Chief Counsel; Belinda Abeyta, Executive Director, Operations; Tracy Hitzeman, Executive Director Clinical Operations; Rachel Selleck, Executive Director, Public Affairs; Albert Cardenas, Director, Customer Service; Jackie Mark, Sr. Policy Advisor, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service.

MINUTES

Approve the Minutes of the April 8, 2021 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: On motion of Member Maura Byron, seconded and carried, the MAC approved the minutes as submitted. (12-0-0, Members Adair, Sweeney and Vega absent)

PUBLIC COMMENT

There were no public comments.

REPORTS

Consider Approval of the FY 2021-2022 MAC Meeting Schedule

MAC members reviewed the proposed FY 2021-2022 10 meeting schedule and after much discussion opted to increase their meeting frequency from bi-monthly to monthly basis for 90 minutes beginning at 3:00 p.m. on the second Thursday of every month with the exception of November 11, 2021 when they will meet on Wednesday, November 10, 2021 due to the Veteran's Day Holiday. MAC will not hold meetings in July 2021 and January 2022.

Action: On motion of Member Maura Byron, seconded and carried, the Committee approved the MAC 2021-22 Meeting Schedule (Motion carried 11-1-0; Members Adair, Sweeney and Vega absent).

Consider Recommendation of MAC Slate of Candidates

Member Sally Molnar reviewed the recommendations of the MAC Nominations Ad Hoc Committee, which consisted of Chair Christine Tolbert and Members Sally Molnar, Patty Mouton and Steve Thronson. The ad hoc committee met on April 29, 2021 to review the five applications received from the recent recruitment to fill the four expiring MAC seats for Adult Beneficiaries, Family Support, Persons with Disabilities and Seniors Representatives.

The ad hoc committee recommended the following candidates for the four expiring MAC seats: Sandra Finestone (reappointment) as the Adult Beneficiaries Representative, Maura Byron (reappointment) as the Family Support Representative; Hai Hoang (reappointment) as the Persons with Disabilities Representative and Meredith Chillemi (new appointment) as the Seniors Representative.

Action: On motion of Member Sally Molnar, seconded and carried, the Committee approved the MAC Slate of Candidates (Motion carried 12-0-0; Members Adair, Sweeney and Vega absent).

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Richard Sanchez, Chief Executive Officer, announced that Marie Jeannis has been named CalOptima's Executive Director of Quality and Population Health Management. Mr. Sanchez also discussed the Report to the Community that is posted on the CalOptima website and reflects on the past year as a way to honor the incredible work of our providers on behalf of CalOptima members. Mr. Sanchez also shared that CalOptima would be hosting a virtual California Advancing and Innovating Medi-Cal (CalAIM) stakeholder meeting on May 14, 2021. Mr. Sanchez asked the MAC members to share with their organizations that CalOptima would be hosting a vaccine event on May 15, 2021. He noted that appointments were still available to receive the vaccine.

Chief Operating Officer Report

Ladan Khamseh, Chief Operating Officer, updated the MAC members on the postponement of two draft health network policies to allow for more detailed information to be submitted on the health network reporting policy and a review by the Board Ad Hoc of the new policy for health network model changes. Staff will make updates on the health network reporting policy and resubmit to the Board at their June 3, 2021 meeting.

Chief Medical Officer Report

Emily Fonda, M.D. Chief Medical Officer, provided a COVID-19 update and discussed COVID-19 vaccine efforts that were currently in progress. Dr. Fonda noted that over 31,000 gift cards have currently been sent to members as an incentive for getting vaccinated of which 900 of the gift cards had been given to homeless individuals for obtaining their vaccines. Dr. Fonda updated the MAC on the over 200,000 text messages that had been sent out to publicize the vaccine event at CalOptima on May 15, 2021 as well as messenger videos, clergy videos and a Public Broadcasting Service (PBS) broadcast to spread the word to Orange County.

INFORMATION ITEMS

MAC Member Updates

Chair Tolbert thanked the MAC for approving the 10 meeting schedule and asked that the members please send their MAC accomplishments for FY 2020-21 to Cheryl Simmons.

California Advancing and Innovating Medi-Care (CalAIM)

Rachel Selleck, Executive Director, Public Affairs, provided a California Advancing and Innovating Medi-Cal (CalAIM) presentation. She noted that this overview had been presented to the Board at their April meeting and staff have now completed presenting this item to all the advisory committees. A final plan will be presented to the Board at their June 3, 2021 meeting with submission of deliverables to the Department of Health Care Services (DHCS) on or before July 1, 2021. She also noted that CalOptima is anticipating a response from DHCS late Summer on this submission.

Federal & State Legislative Update

Jackie Mark, Sr. Policy Advisor, Government Affairs provided an update on several legislative items of interest to the MAC and referred the committee to the handout that they had received as part of their meeting materials including CalOptima's Behavioral Health Policy Landscape.

ADJOURNMENT

Hearing no further business, Chair Tolbert adjourned the meeting at 3:42 p.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: June 10, 2021

Member Advisory Committee FY 2020-21 Accomplishments

During FY 2020-21, the Member Advisory Committee (MAC) of the CalOptima Board of Directors provided input on member issues to ensure that CalOptima members receive high quality health care services. The following list highlights the accomplishments:

- MAC members shared input into revisions to the FY 2020-2022 CalOptima Strategic Plan at the request of the Board.
- MAC attended three joint meetings during FY 2020-2021. The first meeting was a joint meeting of all four Board Advisory Committees that was held on October 8, 2020 and December 10, 2020 and March 11, 2021. MAC also held several special meetings during the year for a total of eight MAC meetings. MAC hopes to continue to share feedback with the other advisory committees on a yearly basis.
- Mallory Vega, the Seniors Representative on MAC continues to participate on the PACE Advisory Committee to provide input and reports to the Quality Assurance Committee of the Board regarding the PACE Center.
- MAC's Chair and Vice Chair were part of a joint recruitment ad hoc with members of OCC MAC and PAC to review and revise the MAC, PAC and OCC MAC applications for the 2021 committee recruitment.
- MAC's Chair and Vice Chair were also part of a joint ad hoc to plan and prepare for three joint meetings during FY 2020-21.
- MAC held special recruitments to identify candidates for the CalWORKS, Consumer and Medi-Cal Beneficiaries Representatives. The MAC convened several special ad hoc committees to review the candidates for the vacant positions and submitted their recommendation at MAC meetings.
- A MAC Nomination Ad Hoc Subcommittee convened to select the proposed slate of candidates for the positions due to expire on June 30, 2021. The MAC reviewed the proposed candidates at its special May 13, 2021 MAC meeting and forwarded their recommendations to the Board for consideration and approval at its June 3, 2021 meeting. The MAC currently has a fully staffed committee.

MAC members and individuals from the community gave informative presentations at MAC meetings to help MAC stay connected to those they represent.

- Several MAC members attended CalOptima sponsored community education events, such as Community Alliance Forums and Awareness and Education Seminars and are part of committees such as the State Council on Developmental Disabilities, Regional Advisory Committee, OC HCA Mental Health Board, Orange County Adult Transition Task Force, CIE Blue Print Orange County Local Partnership Agreement Meetings, Postsecondary Education Transition Consortium (PSETC), SHIFT Parent Support Group and the Help Me Grow Connection Café which were all held virtually.
- All MAC members completed their annual Compliance Training.
- Christine Tolbert, MAC Chair submitted and presented the MAC Report to the Board at six CalOptima's Board of Directors' meetings to provide the Board with input and updates on the MAC's current activities. Ms. Tolbert also attended and showed support at the Whole-Child Model Family Advisory Committee meetings.
- MAC members contributed at least 364 official hours to CalOptima during FY 2020-21, including MAC meetings, compliance courses, ad hoc meetings, and Board meetings which is equivalent to 45 days per year. These hours do not account for the innumerable hours that MAC members dedicated to members on a day-to-day basis, nor the time spent preparing for meetings, and communicating with CalOptima.
- MAC members shared the news with their constituencies and professional organizations regarding CalOptima's milestones, COVID-19 Information which included vaccine locations.

The MAC thanks the CalOptima Board for the opportunity to provide updates on the MAC's activities. The MAC welcomes direction or assignment from the Board on any issues or items requiring study, research, and input.

Approved: June 10, 2021

MEMORANDUM

DATE: May 26, 2021
TO: CalOptima Board of Directors
FROM: Richard Sanchez, Chief Executive Officer
SUBJECT: CEO Report — June 3, 2021, Board of Directors Meeting
COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

CalOptima/County of Orange Break Vaccination Records During Two Local Events

By all measures, the CalOptima/County of Orange Vaccine Clinic and Resource Fair events on May 15 and 22 were a resounding success. In total, 2,064 individuals age 12 and older were vaccinated at the pop-up events held in the CalOptima parking lot. Further, hundreds of \$25 Member Health Rewards were distributed directly to eligible members. The outstanding turnout was driven by a variety of factors, including through Othena.com, direct text messaging to members, word-of-mouth among members' friends and family, and walk-in traffic from the nearby Outlets at Orange. The previous vaccination record for a County pop-up clinic was 560 vaccines administered.

The Resource Fair component differentiated the events from other vaccine clinics and was designed to address members' social determinants of health. OC Social Services Agency (SSA) was on-site with staff and Mobile Response Vehicles to assist individuals with applying for CalFresh and Medi-Cal. Further, 2-1-1 Orange County had a booth with representatives offering community resources to support basic needs. Community Action Partnership brought the Clementine food trolley to collect signups for future food distribution and the Tom Tom diaper bank truck to provide diapers to families in need. Dozens of preventive health screenings for carotid artery, thyroid and bone density were provided to interested attendees. Finally, a kids' activity zone engaged children while parents got their shots.

CalOptima welcomed Orange County leaders and elected officials at both events. On May 15, CalOptima Board Chair and Board of Supervisors Chairman Andrew Do, CalOptima Board Member and Board of Supervisors Vice Chair Doug Chaffee, Supervisor Don Wagner and County Health Officer, Health Care Agency (HCA) Director and CalOptima Board Member Clayton Chau, M.D., Ph.D., attended. On May 22, State Sen. Tom Umberg toured the site, spoke with staff and vaccine recipients, and visited the Resource Fair booths. He also presented State Senate Certificates of Appreciation to leaders from CalOptima, HCA and SSA.

Across the two events, 110 CalOptima staff worked either a morning or afternoon shift, helping with check-in, line control, temperature check/hand sanitizing stations, post-vaccine observation and Member Health Rewards distribution among other tasks. Staff worked hard to launch these events quickly and enthusiastically served members at the building for the first time since the pandemic began. The upcoming June 5 and 12 events are focused on administering second doses, although walk-ins will be served, according to County staff.

Member Health Rewards Funding Received, Distribution Vendor Engaged

CalOptima recently received Intergovernmental Transfer (IGT) 10 funding of \$140 million from the Department of Health Care Services (DHCS), representing dates of service July 2019 through June 2020. The estimated payment to IGT funding partners is approximately \$95 million, and CalOptima's remaining portion is \$45 million. As approved at the January Board meeting, the majority of CalOptima's IGT 10 dollars will be used to incentivize members to get vaccinated via the COVID-19 Member Health Rewards. The program is driven by data from DHCS, and a new type of data source recently and dramatically increased the identification of vaccinated CalOptima members. The number of vaccinated members rose from 70,000 to 250,000 almost overnight. This has created a backlog for Population Health Management, which has distributed roughly 40,000 gift cards using internal staff and Board-approved temporary staff. This no longer supports the level of member response, so staff plans to engage an existing fulfillment vendor to support mass mailings of gift cards until the Member Health Rewards vendor is contracted and takes over responsibility. Staff will bring an action to your Board in August to ratify using dollars approved for this program to cover the expenses.

CalOptima Hosts California Advancing and Innovating Medi-Cal (CalAIM) Stakeholder Meeting, Launches Web Page

On May 15, CalOptima welcomed more than 300 attendees to the CalAIM stakeholder meeting. Executive Director, Public Affairs Rachel Selleck provided an overview of CalAIM while Executive Director, Clinical Operations Tracy Hitzeman discussed the populations of focus and outreach methods. A Q&A session enabled provider and community partners to ask about CalAIM implementation, and network and care management services. To provide background on CalAIM and access to the information shared at the stakeholder meeting, CalOptima launched a detailed [webpage](#). This centralized location will offer CalAIM updates in preparation for Phase 1 implementation in January 2022. As part of the June 3 Board meeting, staff will present CalOptima's approach to CalAIM for consideration, in advance of submission to DHCS in July.

Governor Releases Revised State Budget, Increasing Spending on Health Care

On May 14, Gov. Gavin Newsom announced the Revised State Budget (May Revise) for Fiscal Year (FY) 2021–22. The May Revise expands existing health care programs managed by DHCS and continues to support funding for CalAIM, homelessness and response to COVID-19.

- *Total State Budget:* \$267.8 billion (\$196.7 billion General Fund (GF)). Compared with the January Proposed Budget, this is an increase in spending of nearly 18%.
- *Total Medi-Cal Budget:* \$123.8 billion (\$27.6 billion GF). Compared with Medi-Cal funding in the FY 2020–21 Enacted Budget, this is an increase in spending of nearly 7%.

The California State Legislature is constitutionally obligated to pass a balanced budget by June 15, which Gov. Newsom must enact by July 1. Following my report is a staff summary of the May Revise.

Strategic Plan Update Moving Forward With Feedback From Advisory Committees

Per your Board's guidance at the February 4 meeting, CalOptima staff met with the Board Advisory Committees to gather feedback on initiative development for the 2020–2022 Strategic Plan, with a particular focus on four areas: Behavioral Health, Health Equity, Social Determinants of Health and Service Delivery Model. During a series of robust facilitated discussions with committee members in March and April, draft Purpose Statements were

developed for the four areas as well as seven Strategic Initiative Categories. Committee members also made recommendations about potential initiatives for development. Staff is in the process of finalizing the Purpose Statements as well as fleshing out the initiative recommendations and assessing their feasibility. Staff will provide an update in late summer and seek Board approval and allocations, as appropriate, in the future.

Community Alliances Forum Draws Audience for COVID-19 Vaccine, Health Equity Info

On May 11, CalOptima welcomed more than 130 attendees for a virtual Community Alliances Forum that provided a COVID-19 update and vaccine information, and addressed barriers to health equity. Regina Chinsio-Kwong, D.O., Deputy Health Officer of HCA, discussed Project Independence and how the County is partnering with community organizations to support health equity. CalOptima Chief Medical Officer Emily Fonda, M.D., shared how CalOptima is improving access to vaccines for members and distributing Member Health Rewards. CalOptima Board Vice Chair Isabel Becerra, CEO of the Coalition of Orange County Community Health Centers, and Ellen Ahn, Executive Director of KCS Health Center, highlighted Orange County initiatives to address health equity in the Latino and Asian-Pacific Islander communities during the pandemic.

CalOptima Garners Media Coverage About Mental Health, Vaccination Activity

In May, CalOptima received significant positive media attention from diverse outlets. See below:

- *Verywell Mind*: Edwin Poon, Ph.D., Director, Behavioral Health Integration, participated in an [online article](#) about senior mental health and resiliency during the pandemic. He is the first expert source quoted and highlighted in the piece. Dr. Poon's comments tie well with CalOptima's strategic priority on behavioral health. Verywell's website traffic is estimated at around 16 million visits a month.
- *Tri-County Bulletin*: Executive Director, Quality & Population Health Management Marie Jeannis was interviewed for an article about CalOptima's efforts to combat vaccine hesitancy. It ran on the [front page](#) of the Tri-County Bulletin, a newspaper that serves Orange County's Black population.
- *ABC7 Eyewitness News*: On May 13, CalOptima was covered on two ABC7 evening news programs. Reporter Tony Cabrera interviewed Dr. Fonda about vaccine hesitancy and CalOptima's response. In addition, we referred Cabrera to Board Vice Chair Becerra and Families Together of Orange County, a community health center. Both were featured positively as well.



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CalOptima COVID-19 Provider Toolkit

June 2021

CalOptima COVID-19 Provider Toolkit

<https://www.caloptima.org/en/Features/Covid-19/ProviderToolkit.aspx>

Providers

You are here: [Home](#) > [Features](#) > [Coronavirus Disease 2019 \(COVID-19\)](#) > [Provider Communication](#)

Provider Communication COVID-19 Toolkit

The information listed below is available for CalOptima providers. It includes COVID-19 vaccine information and resources they can share with members and community stakeholders through their communication channels and social media pages.

Provider Toolkit

 <p>Provider Poster 11 x 17</p> <p>Download</p> <p>For display in your office.</p>	 <p>Provider Flyer 8.5 x 11</p> <p>Download</p> <p>Handout for CalOptima members.</p>	 <p>COVID-19 Vaccine FAQ</p> <p>Download</p> <p>Common questions and answers regarding the COVID-19 vaccine.</p>
 <p>Sample Provider Letter to Member</p> <p>Download</p> <p>Encourage members to keep</p>	 <p>Vaccine Myth Buster Fact Sheet</p> <p>Download</p> <p>Facts vs. Fiction</p>	 <p>Vaccine Process Fact Sheet</p> <p>Download</p> <p>Learn what to expect when you</p>

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Toolkit Elements

- Don't Wait, Vaccinate! Provider 11x17 Poster
- Don't Wait, Vaccinate! Provider 8.5 x11 Flyer
- COVID-19 Vaccine FAQ
- Sample Provider Letter to CalOptima Members
- Vaccine Myth Buster Fact Sheet (Facts vs. Fiction)
- What to Expect When You Get the COVID-19 Vaccine Fact Sheet
- Telephone On-Hold Message
- Trusted Messenger COVID-19 Explainer Videos
(videos for use with website or social media pages)

Toolkit Elements (cont.)

Don't Wait.
Vaccinate!
Protect yourself and your loved ones.

Getting vaccinated is the only way to make sure that we **stamp out COVID-19**. Vaccines are safe and available now. Get your vaccination today!

TO GET VACCINATED:

- Register at [Othena.com](https://www.othena.com)
- Make an appointment at a participating pharmacies like **CVS, Walgreens** or **Rite Aid**
- Talk to your **primary care provider** if you have questions about the COVID-19 vaccine




What to Expect When You Get the COVID-19 Vaccine

Safe and effective COVID-19 vaccines are one of the most important ways to end the pandemic.
Remember: Every vaccine protects you from getting COVID-19.
The COVID-19 vaccine is no-cost!
FACTS: The COVID-19 vaccine does not contain the live virus. It cannot give you COVID-19. It does not make you contagious. On a COVID-19 test, it does not make you test positive.

How to Get Your COVID-19 Vaccine

- If you live or work in Orange County, register at [Othena.com](https://www.othena.com). You will be notified when you are eligible to get the COVID-19 vaccine.
- You can also schedule a vaccine appointment at your local **CVS, Walgreens** or **Rite Aid** pharmacies.



For Your Vaccine Visit


- Do not take **aspirin, acetaminophen (Tylenol), ibuprofen (Advil) or antihistamines (Benadryl).**
- **Arrive on time.**
- Bring your **appointment confirmation** with you.
- **Have a form of ID handy to prove your identity** with a picture ID and your name, date of birth, and proof that you live or work in Orange County.
- Make sure to follow all **COVID-19 protocols**. Wear a mask and stay at least 6 feet away from others inside and in lines.
- After your vaccination, you will be asked to **stay for 15 minutes** to make sure you are OK.

After Your Vaccine Visit

- If you receive a vaccine that requires two doses, your provider will **make a follow-up appointment** with you.
- You **might experience side effects**. This means that your body is responding to the vaccine, which is normal! Possible side effects include:
 - Muscle pain
 - Nausea
 - Joint pain
 - Fatigue
 - Chills
 - Fever
 - Headache

If your side effects get worse, call your doctor right away. For severe allergic reactions, call 9-1-1.

It takes time for your body to build protection after vaccination. People are fully vaccinated 2 weeks after their second shot of the Pfizer or Moderna vaccines. For single shot COVID-19 vaccines, full vaccination is after 2 weeks.



Talk to your doctor if you have questions about the COVID-19 vaccine or visit us at www.caloptima.org/vaccine.

CalOptima Medi-Cal 1-888-587-8088
OneCare Connect 1-855-705-8823
OneCare (HMO SNP) 1-877-412-2734
TTY 711



Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



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COVID-19 Update

Member Advisory Committee
June 10, 2021

Emily Fonda, MD, MMM
Chief Medical Officer

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Population Analysis by COVID-19 Risk Factors (May 2021)

All Total Members

838,156

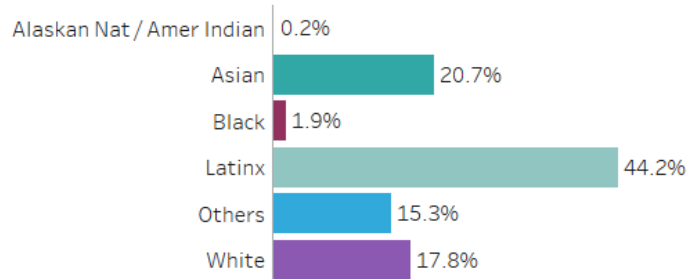
All High Risk Conditions

212,430

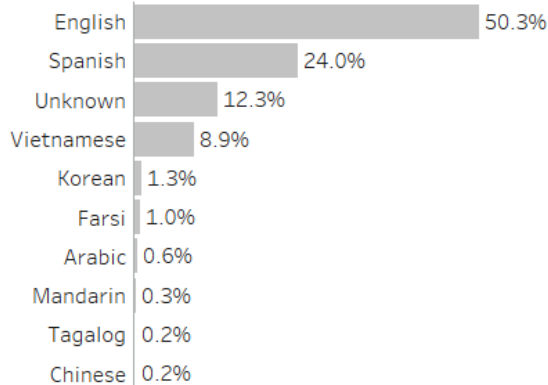
All LTC Residents

4,023

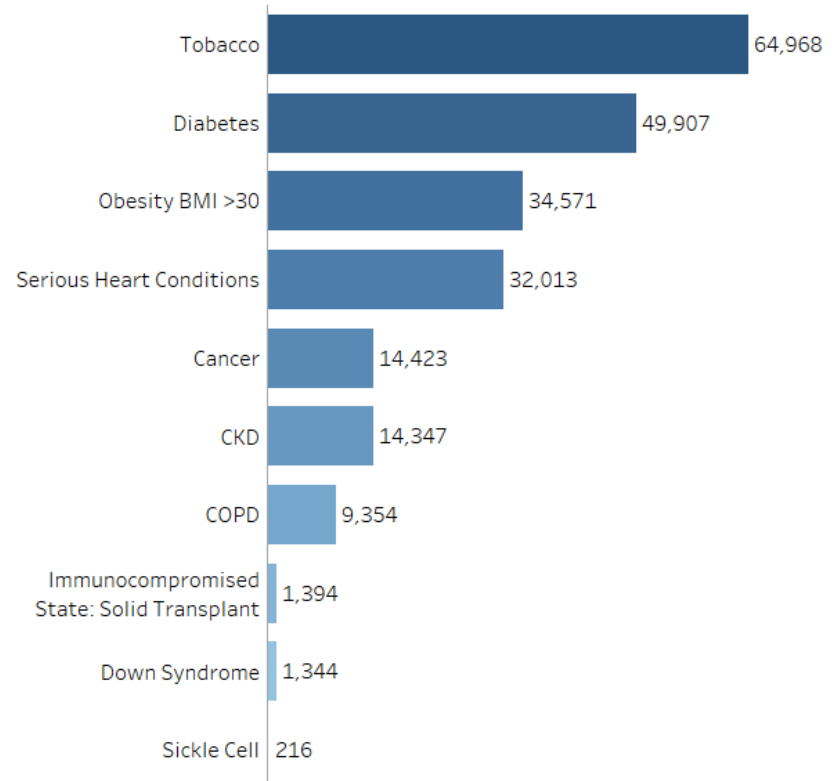
Member Counts by Ethnicity: All



Member Counts: Top Ten Languages: All



Member Counts by High Risk Conditions



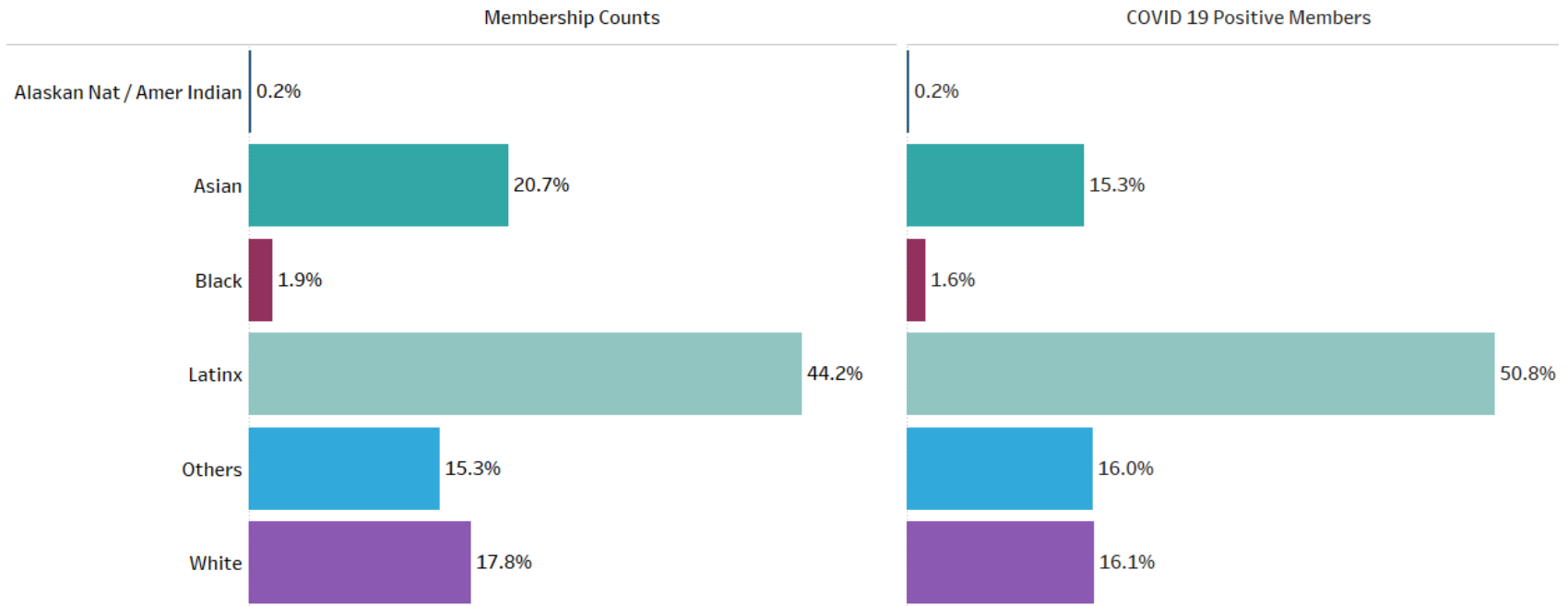
Source: CalOptima Enterprise Analytics, CDC Recommended High Risk Conditions, June 2020–May 2021

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Member COVID-19 Data (May 2021)

- Latinos account for 50.8% of COVID-19 cases and make up 44.2% of CalOptima's membership
- Blacks account for 1.6% of cases and make up 1.9% of membership



Source: CalOptima Enterprise Analytics, COVID-19 cases coded using Claims and Encounters received through May 2021

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CalOptima Membership, COVID-19 Cases and Vaccination Data

- As of May 21, 2021, CalOptima has approximately 838,000 members (655,661 age 12 and older)
 - 4.4% members tested positive for COVID-19 (0.1% expired)
 - 259,565 members are vaccinated
 - 239,136 members are eligible for incentives
 - 45% members 16 years and older received at least one dose of vaccine
 - 40% members 12 years and older received at least one dose vaccine
- 51,751 gift cards sent for general members (as of 5/25)

Covid Case Source: CalOptima Claims & Encounters

Vaccine Source: CalOptima Claims & Encounters, AIR2, CAH, CMS, DHCS, Health Network Submissions

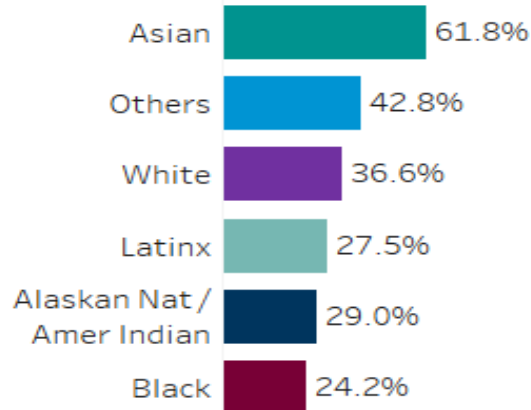
CalOptima COVID-19 Vaccination Data (May 2021)

- Highest vaccination rate: 50~55% for Westminster, Garden Grove, and Irvine
- 65 and older vaccination rate: about 70%
- LTC members vaccination rate: about 90%
- Asian population: 62% vaccinated
- Black population: 24% vaccinated

By Age Group

Age 75+	69.1%
Age 65-74	67.4%
Age 50-64	52.9%
Age 16-49	35.5%
Age 12-15	0.4%

By Ethnicity



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COVID-19 Efforts in Progress

○ CalOptima's Vaccine Events

■ May 15th Event

- 820 individuals vaccinated
- 252 gift cards distributed

■ May 22nd Event

- 1,244 individuals vaccinated
- 531 gift cards distributed

■ Collaborations

- Social Services Agency, 211 OC, Community Action Partnership OC (Tom Tom Diaper Stork and Clementine Mobile Food Trolley) and Pacific Health and Wellness (Screenings)

○ Future Vaccine Events

- June 5, 2021
- June 12, 2021

COVID-19 Efforts for Members Experiencing Homelessness

- 935 gift cards distributed (as of 5/26)
 - CalOptima is collaborating with the following entities to promote vaccination through health rewards:
 - Orange County Health Care Agency (OCHCA)
 - AltaMed
 - Family Together
 - Korean Community Services
 - Share Our Selves
 - Gift cards provided on-site after receiving the COVID-19 vaccine dose
 - Weekly reports sent to CalOptima from Federally Qualified Health Centers and OCHCA

COVID-19 Outreach Efforts

- Texts sent to all members in all threshold languages
 - Arabic, Farsi, Chinese, Korean, Spanish, Vietnamese and English
- May 15th Vaccine Event
 - 259,000 text messages to age 16 and older
- May 22nd Vaccine Event
 - 198,000 text messages to age 12 and older
- Overall opt-out rate is 5.9% as of 4/22
 - Significantly lower than benchmark opt out rate at 10-15% expected for Medicaid members

Motivation to Get Vaccinated

- It's important to get vaccinated to help protect other members of your family from becoming sick
- Getting vaccinated will allow all families and friends to be able to get back together sooner
- The pandemic can get wiped out with widespread vaccination the same way that polio was stamped out years ago with a vaccine that's still in use today
- The best way to get rid of new strains of COVID-19 is to stop the spread by getting vaccinated
- The best way to avoid the long-term effects of COVID-19 is to avoid it in the first place by being vaccinated

Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



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2021 Population Needs Assessment

Board of Directors' Member Advisory Committee Meeting
June 10, 2021

Pshyra Jones, MPH

Director, Population Health Management

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Population Health Management

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Population Health Management (PHM) Department Overview

- Identifies, assesses and implements appropriate interventions for members in all programs including health networks (HNs).
- Develops programs and interventions that address health disparities and social determinants of health to help close gaps in health care.
- Provides member health coaching and self-management tools.
- Oversees health literacy requirements, approves and administers non-monetary (incentive) Member Health Reward Programs.

All programs and resources are provided at no-cost to our members. Programs may have specific eligibility requirements.

PHM Key Functions

Health and Wellness

Health and Wellness
Counseling and
Referrals

Member Material
Approvals (MMA)

Educational Classes

Provider Education
Trainings

Member Incentive
Approvals

Chronic Conditions

Chronic Conditions
Health Coach
Counseling for
Asthma, Diabetes and
CHF

Registered Dietitian
Counseling and
Outreach for Chronic
Conditions

Specialty Programs

Shape Your Life
Child Obesity
Program

Homeless Clinical
Access Program

Bright Steps
Maternal Health
Program

Quality Initiatives

Quality Improvement
Work Teams

Improvement Projects

NCQA PHM Standards

Publications and
Materials Development

COVID-19 Member
Health Rewards

2021 Member Health Rewards



CalOptima
Public Agency

Get a no-cost \$25 gift card for completing a breast cancer screening!

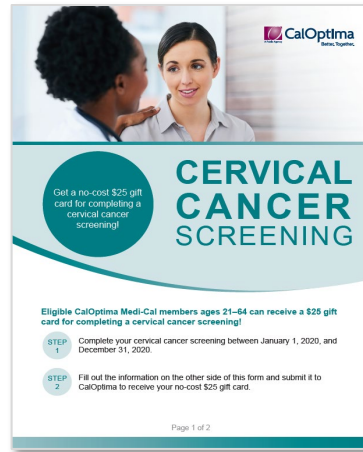
NO-COST BREAST CANCER SCREENING MAMMOGRAM

Eligible CalOptima members ages 50-74 can receive a no-cost \$25 gift card for completing a breast cancer screening!

STEP 1 Complete your breast cancer screening mammogram between January 1, 2020, and December 31, 2020.

STEP 2 Fill out the information on the other side of this form and submit it to CalOptima to receive your no-cost \$25 gift card.

Page 1 of 2



CalOptima
Public Agency

Get a no-cost \$25 gift card for completing a cervical cancer screening!

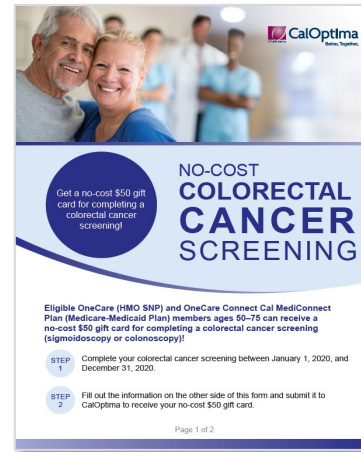
CERVICAL CANCER SCREENING

Eligible CalOptima Medi-Cal members ages 21-64 can receive a \$25 gift card for completing a cervical cancer screening!

STEP 1 Complete your cervical cancer screening between January 1, 2020, and December 31, 2020.

STEP 2 Fill out the information on the other side of this form and submit it to CalOptima to receive your no-cost \$25 gift card.

Page 1 of 2



CalOptima
Public Agency

Get a no-cost \$50 gift card for completing a colorectal cancer screening!

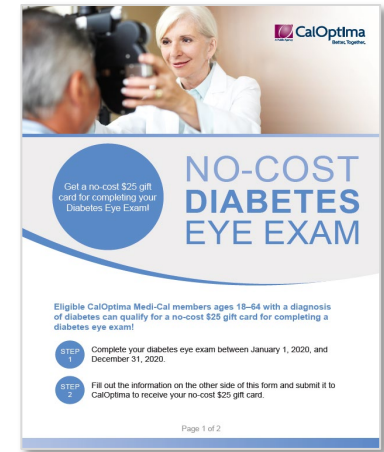
NO-COST COLORECTAL CANCER SCREENING

Eligible OneCare (HMO SNP) and OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) members ages 50-75 can receive a no-cost \$50 gift card for completing a colorectal cancer screening (sigmoidoscopy or colonoscopy)!

STEP 1 Complete your colorectal cancer screening between January 1, 2020, and December 31, 2020.

STEP 2 Fill out the information on the other side of this form and submit it to CalOptima to receive your no-cost \$50 gift card.

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CalOptima
Public Agency

Get a no-cost \$25 gift card for completing your Diabetes Eye Exam!

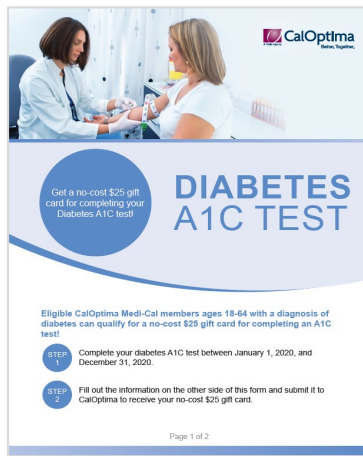
NO-COST DIABETES EYE EXAM

Eligible CalOptima Medi-Cal members ages 18-64 with a diagnosis of diabetes can qualify for a no-cost \$25 gift card for completing a diabetes eye exam!

STEP 1 Complete your diabetes eye exam between January 1, 2020, and December 31, 2020.

STEP 2 Fill out the information on the other side of this form and submit it to CalOptima to receive your no-cost \$25 gift card.

Page 1 of 2



CalOptima
Public Agency

Get a no-cost \$25 gift card for completing your Diabetes A1C test!

DIABETES A1C TEST

Eligible CalOptima Medi-Cal members ages 18-64 with a diagnosis of diabetes can qualify for a no-cost \$25 gift card for completing an A1C test!

STEP 1 Complete your diabetes A1C test between January 1, 2020, and December 31, 2020.

STEP 2 Fill out the information on the other side of this form and submit it to CalOptima to receive your no-cost \$25 gift card.

Page 1 of 2



Bright Steps
A Department of California's Health Services

Get a no-cost \$50 gift card for having a postpartum checkup!

GET YOUR POSTPARTUM CHECKUP

Eligible CalOptima Medi-Cal members can qualify for a \$50 gift card if you follow these steps:

STEP 1 You must have had a postpartum checkup within 1-12 weeks after having your baby to qualify for the gift card.

STEP 2 Fill out the other side of this form and send it to CalOptima, to get your \$50 gift card.

Page 1 of 2



CalOptima
Public Agency

Get a one-time no-cost \$50 gift card for attending 6 Shape Your Life group classes and have a follow-up visit with your doctor.

SHAPE YOUR LIFE INCENTIVE FORM

To get the \$50 gift card you must meet all 3 eligibility requirements, and complete all 4 steps listed on the back:

Eligibility Requirements:

- 1 Be continuously enrolled in CalOptima Medi-Cal during the time you are attending the Shape Your Life classes
- 2 Be between 5-16 years of age
- 3 Have a body mass index (BMI) percentile of 85 or higher

If you have any questions about Shape Your Life or incentive requirements, please call CalOptima Health Management department at 1-714-246-8895. TDD/TTY users can call toll-free at 1-800-735-2929. We have staff who speak your language.

2021 PNA Key Findings

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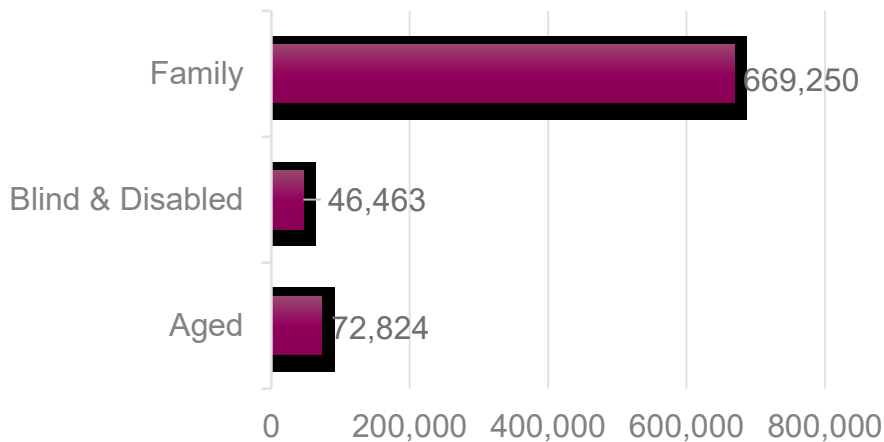
Population Needs Assessment (PNA) Overview

- The PNA is a Department of Health Care Services (DHCS) requirement for managed care health plans (MCPs) to identify and address Medi-Cal member needs.
- CalOptima's PNA summarizes the results of an annual assessment on a variety of external and internal data.
- PHM, along with other departments, utilizes key findings to inform workplans, strategies and quality initiatives.
- PNA data are also used to assess resources, readjust staffing, select health tools/resources and build partnerships to fulfill planned activities.

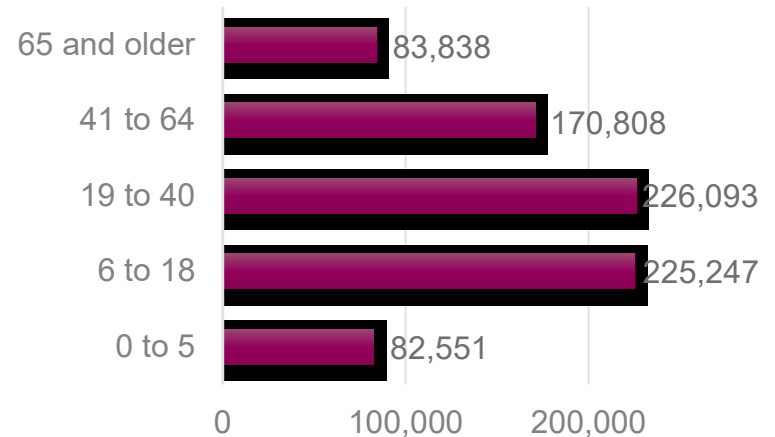
Member Profile

CalOptima has a diverse membership of 788,536 Medi-Cal members. Our member distribution includes low-income families (85%), members who are blind and disabled (6%) and members who qualify by age (9%). The age distribution among members is composed of 39% children and adolescents (0–18), 51% adults (19–64) and 11% seniors (65+).

Population Distribution (Aid Code)



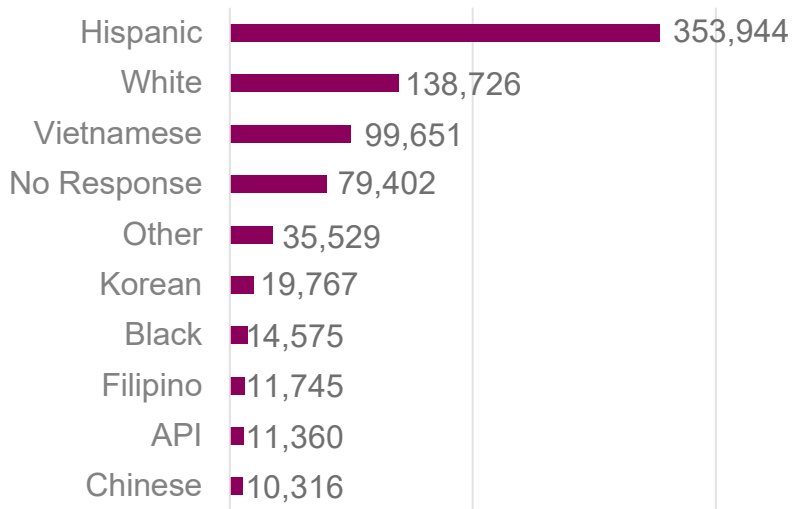
Medi-Cal Membership by Age



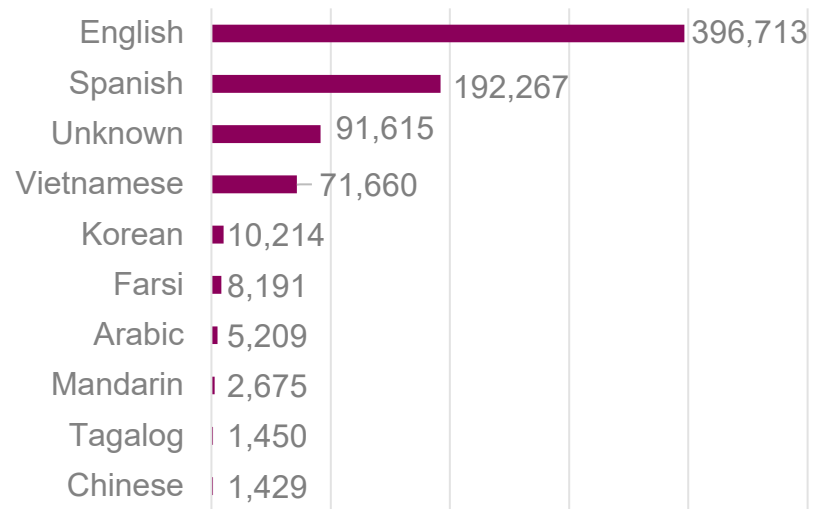
Member Profile (cont.)

Most members identify as Hispanic (45%), followed by White (18%) and Vietnamese (13%). Of CalOptima's 7 threshold languages, most members reported speaking English (50%), Spanish (24%) or Vietnamese (9%) as a primary language.

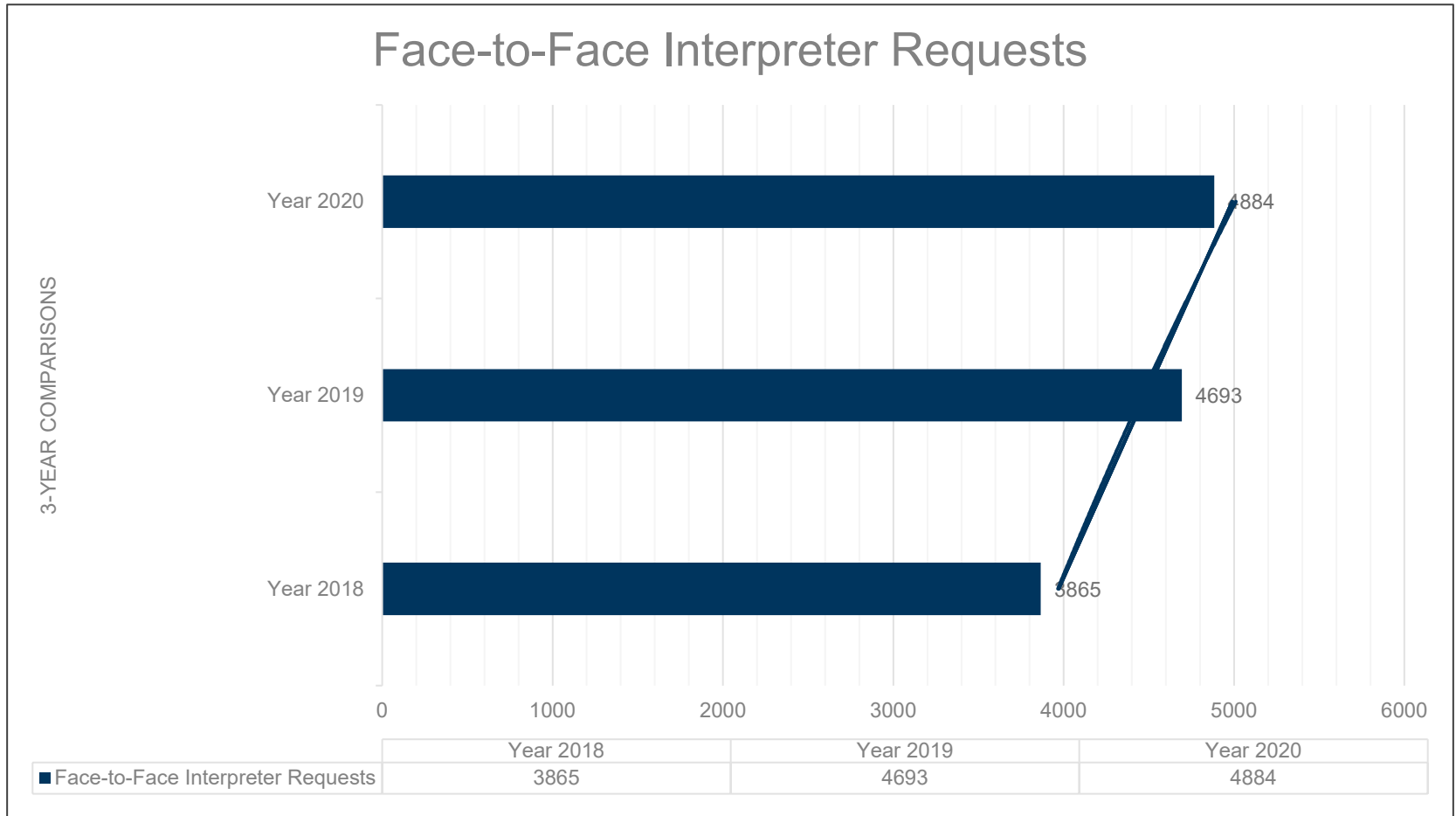
Top 10 Member Ethnicities



Top 10 Member Languages

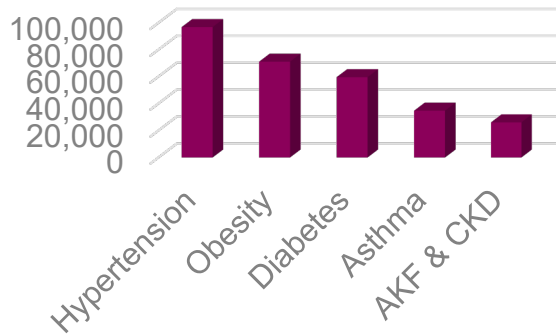


Interpretation Service Trends

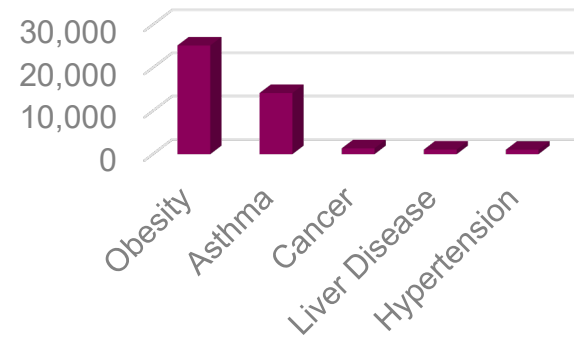


Medical Conditions

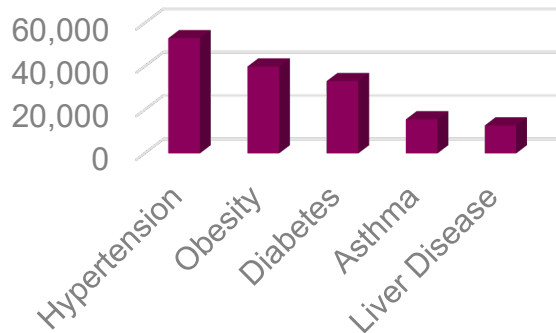
Medical Diagnoses by Population



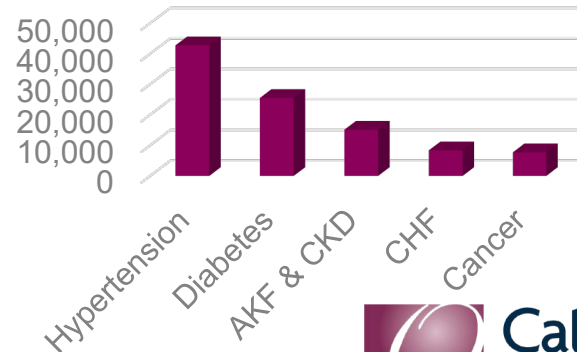
Medical Diagnoses (Ages 2–19)



Medical Diagnoses (Ages 20–64)

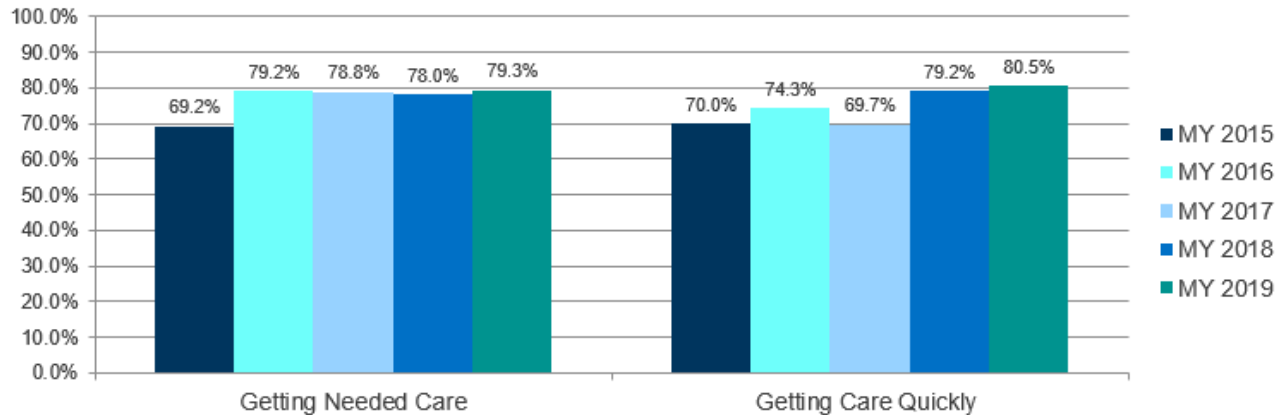


Medical Diagnoses of (Ages 65+)



Access to Care

CAHPS Adult Member Survey Results

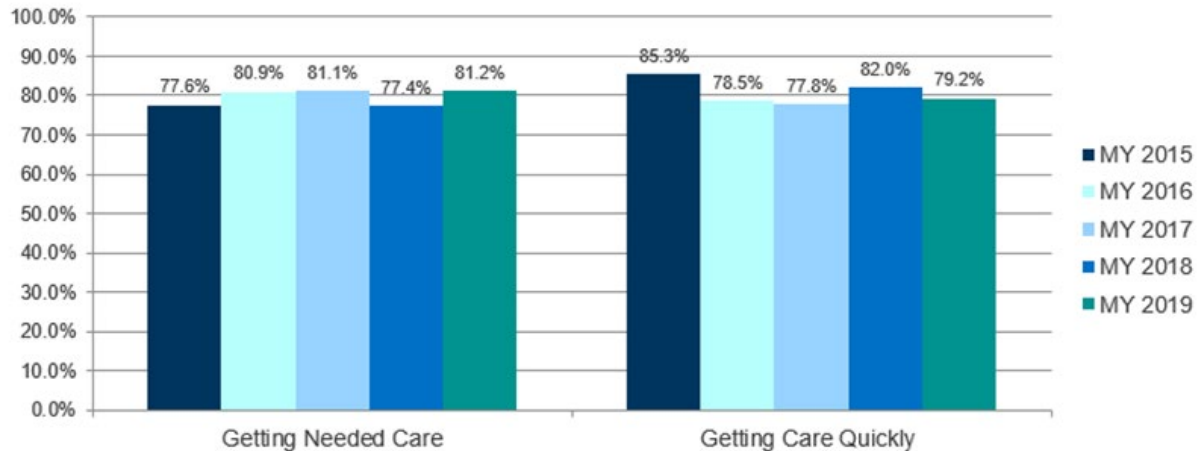


National Quality Compass	CalOptima MY 2019	MY 2019 Percentile	MY 2019 25th Percentile	MY 2019 50th Percentile	MY 2019 75th Percentile	MY 2019 90th Percentile
Getting Needed Care	79.3%	<25th	81.00%	83.42%	86.19%	88.35%
Getting Care Quickly	80.5%	25th	79.94%	83.45%	86.05%	87.07%

Red = less than 25th percentile. CAHPS data from CalOptima vendor issued Data Stat Reports.

Access to Care (cont.)

CAHPS Child Member Survey Results (Parents' Satisfaction with Their Child's Care)

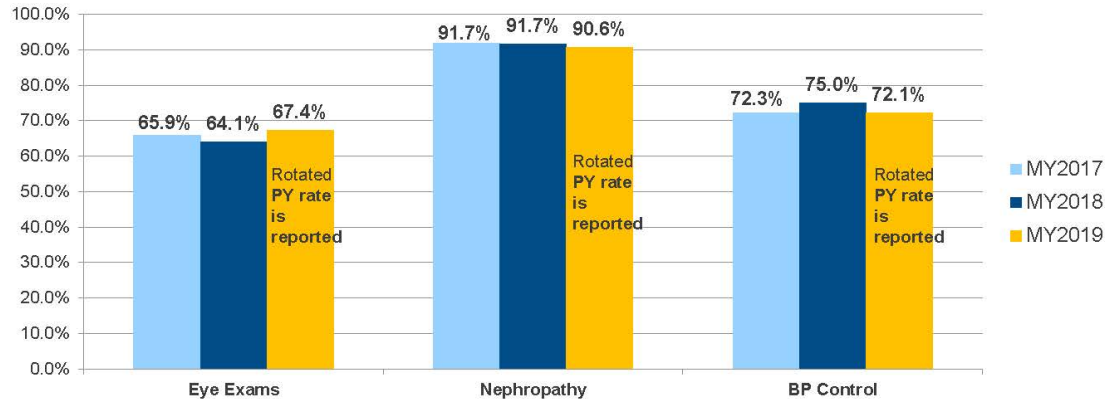


National Quality Compass	CalOptima MY 2019	MY 2019 Percentile	MY 2019 25th Percentile	MY 2019 50th Percentile	MY 2019 75th Percentile	MY 2019 90th Percentile
Getting Needed Care	81.2%	<25th	83.67%	86.50%	88.95%	90.95%
Getting Care Quickly	79.2%	<25 h	88.29%	91.55%	93.43%	94.97%

Red = less than 25th percentile. MY 2016-2019 CAHPS data comes from CalOptima vendor issued (Data Stat) reports, MY 2015 CAHPS data comes from NCQA report.

Quality Initiatives

HEDIS 2020 Results: Medi-Cal Comprehensive Diabetes Care



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Eye Exams	57.88%	64.23%	68.61%	64.72%	ACC, RS, P4V
Nephropathy Monitoring	90.51%	92.05%	93.43%	91.85%	
BP Control (<140/90) ++	63.02%	70.76%	77.5%	77.17%	ACC, RS

*Red = less 50th percentile, Green = met goal, MPL met

++ measure triple weighted for Health Plan Ratings

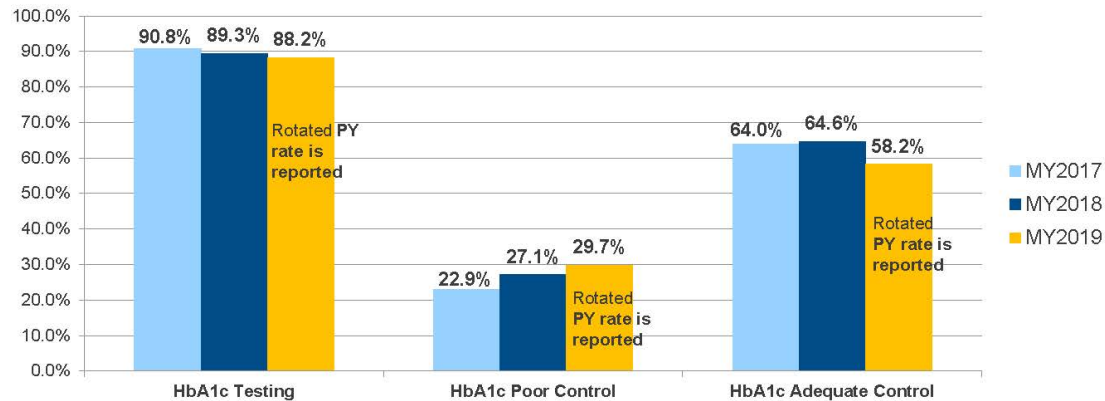
↑ ↓ statistically higher or lower ↔ statistically no difference

*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level

ACC = NCQA Accreditation, P4V = Pay for Value

Quality Initiatives (cont.)

HEDIS 2020 Results: Medi-Cal Comprehensive Diabetes Care – HbA1c

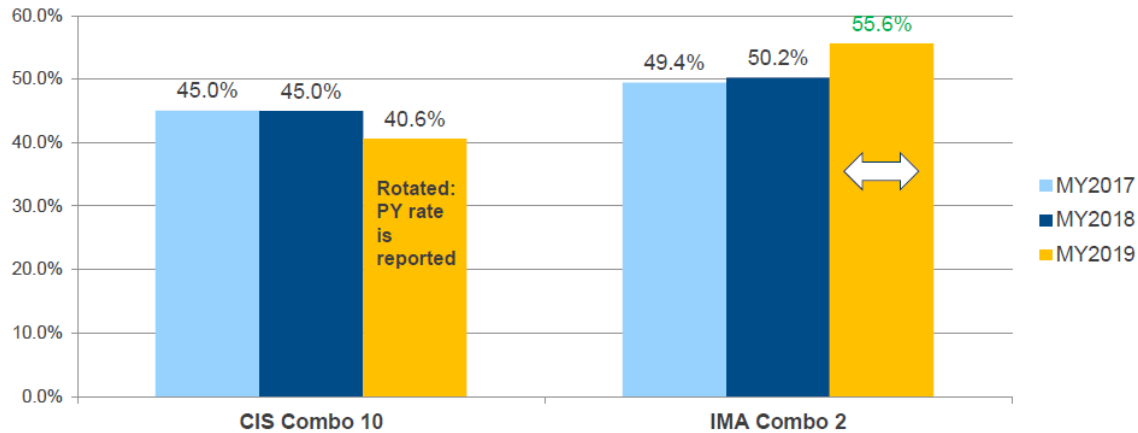


HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
HbA1c Testing	88.55%	90.51%	92.94%	89.78%	MPL
HbA1c Poor Control (>9.0%) (Lower is better)	38.52%	32.85%	27.98%	27.98%	MPL
HbA1c Adequate Control (<8.0%) ++	50.97%	55.96%	60.77%	60.77%	ACC, RS, P4V

*Red = less 50th percentile, Green= met goal, MPL met
 ++ measure triple weighted for Health Plan Ratings
 ↑ ↓ statistically higher or lower ↔ statistically no difference
 *RS = Health Plan Rating, MPL = DHCS Minimum Performance Level
 ACC = NCQA Accreditation, P4V = Pay for Value

Quality Initiatives (cont.)

HEDIS 2020 Results: Medi-Cal Child and Adolescent Immunizations



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Childhood Immunization Status (CIS) - combo10 ++	34.79%	42.02%	49.27%	45.65%	ACC, P4V, RS, MPL
Immunizations for Adolescents (IMA) - Combo 2	34.43%	40.39%	47.2%	47.20%	ACC, RS, MPL

*Red = less than 50th percentile; Green = met goal, MPL met

++ measure triple weighted for Health Plan Ratings

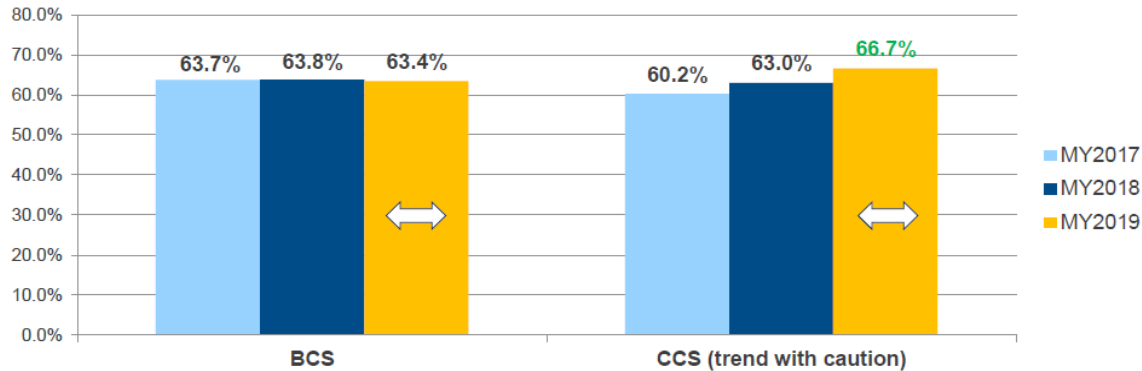
↑ ↓ statistically higher or lower ↔ statistically no difference

**RS = Health plan ratings, MPL= DHCS Minimum Performance Level

ACC = NCQA Accreditation, P4V = Pay for Value

Quality Initiatives (cont.)

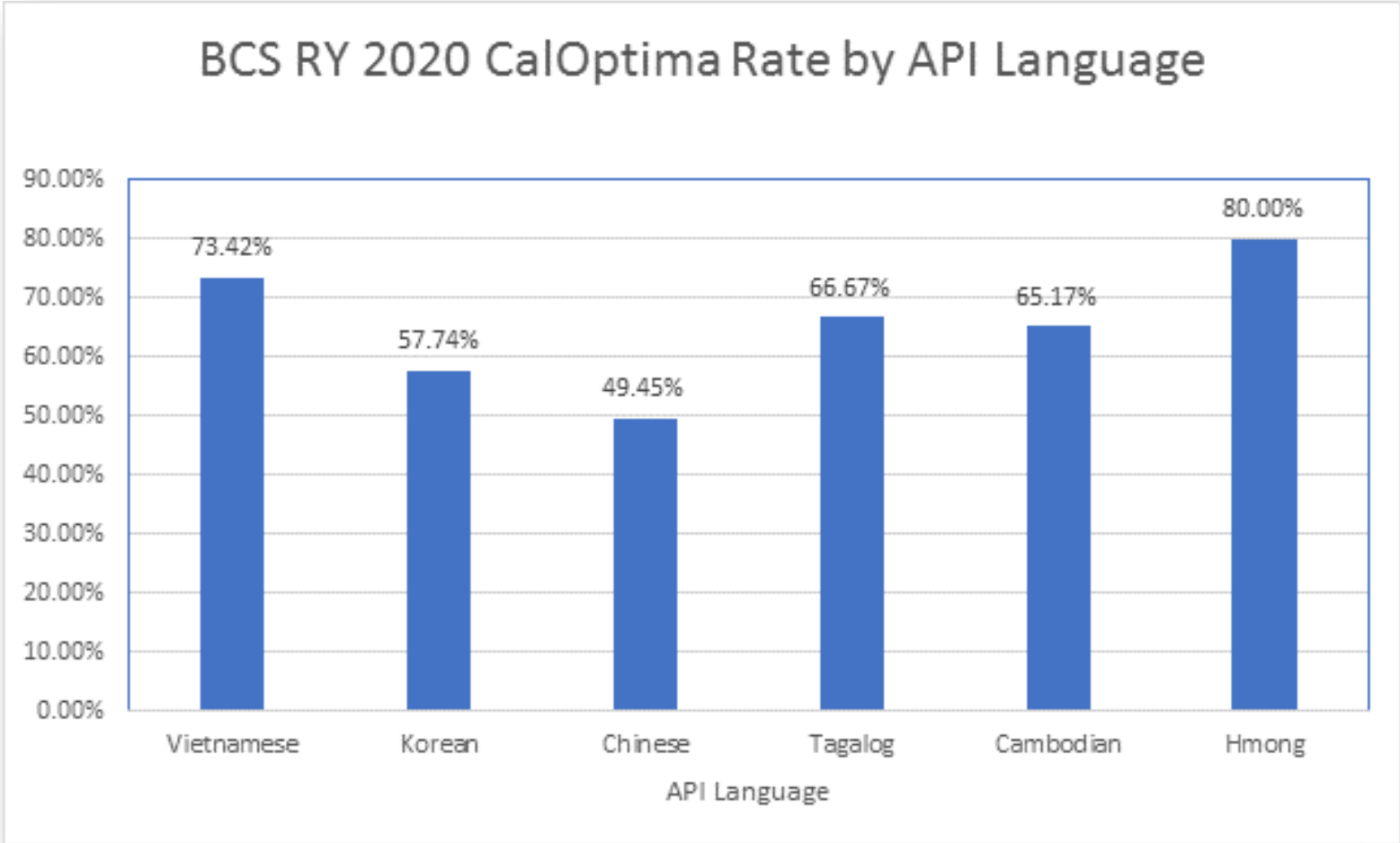
HEDIS 2020 Results: Medi-Cal Women's Health Cancer Screenings



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Breast Cancer Screening (BCS)	58.67%	63.98%	69.23%	63.98%	ACC, RS, MPL, P4V
Cervical Cancer Screening (CCS)	60.65%	66.49%	72.02%	63.99%	ACC, RS, MPL, P4V

*Red = less than 50th percentile, Green = met goal, MPL met
 ↑ ↓ statistically higher or lower ↔ statistically no difference
 **RS = Health plan rating, MPL = DHCS Minimum Performance Level
 ACC = NCQA Accreditation, P4V = Pay for Value

Quality Initiatives — Health Disparities



2021 PNA Objectives and Strategies

2021 Action Plan

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACCESS TO CARE (CAHPS)</p>	<p>OBJECTIVE 1: Improve Member Experience measures (i.e., “getting needed care” and “getting care quickly”) from 25th percentile to exceed 50th percentile by December 31, 2021.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">QUALITY INITIATIVES (HEDIS)</p>	<p>OBJECTIVE 2: Increase the Comprehensive Diabetes Care (CDC) Screenings rates for HbA1c testing to 88.79% and Eye Exams to 69.59% by December 31, 2021.</p> <p>OBJECTIVE 3: Increase overall immunizations for child/toddler Combo 10 (CIS-10) to 45.65% and immunizations for adolescent (IMA) to 47.20% by December 31, 2021.</p> <p>OBJECTIVE 4: Increase blood lead screening (LSC) rates to 73.11% by December 31, 2021.</p> <p>OBJECTIVE 5: Achieve COVID-19 vaccine adherence of at least 30% for eligible members by December 31, 2021.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">HEALTH DISPARITIES</p>	<p>OBJECTIVE 6: Increase Breast Cancer Screening (BCS) rate of Chinese and Korean subgroup ethnicities to 64.06% by December 31, 2021.</p>

Action Plan Strategies

ACCESS TO CARE (CAHPS)	OBJECTIVE 1: Improve Member Experience measures (i.e., “getting needed care” and “getting care quickly”) from 25th percentile to exceed 50th percentile by December 31, 2021.
	STRATEGIES: Continue virtual care initiatives. Monitor PCP panel sizes, and close panels not meeting capacity. Monitor Time and Distance Standards by Health Network. Member portal enhancements. Provider outreach and education to providers not meeting timely access standards. Escalation process and corrective action plan, freezing panels, sanctions, etc.

Action Plan Strategies (cont.)

QUALITY INITIATIVES (HEDIS)

- OBJECTIVE 2:** Increase the Comprehensive Diabetes Care (CDC) Screenings rates for HbA1c testing to 88.79% and Eye Exams to 69.59% by December 31, 2021.
- OBJECTIVE 3:** Increase overall immunizations for child/toddler Combo 10 (CIS-10) to 45.65% and immunizations for adolescent (IMA) to 47.20% by December 31, 2021.
- OBJECTIVE 4:** Increase blood lead screening (LSC) rates to 73.11% by December 31, 2021.
- OBJECTIVE 5:** Achieve COVID-19 vaccine adherence of at least 30% for eligible members by December 31, 2021.
- STRATEGIES:** Member Health Rewards
- Mobile Texting Campaigns
- Social Media Campaigns
- Community events in geographic hubs for subgroups, ethnic groups or low utilizers

Action Plan Strategies (cont.)

HEALTH DISPARITIES	OBJECTIVE 6: Increase Breast Cancer Screening (BCS) rate of Chinese and Korean subgroup ethnicities to 64.06% by December 31, 2021.
	STRATEGIES: Member Health Rewards Mobile Texting Campaigns Social Media Campaigns Community events in geographic hubs for subgroups, ethnic groups or low utilizers

2021 Planned Activities

2021–22 Member Outreach Events

- **CalOptima Diaper Days**
 - In partnership with OC Community Action Partnership, quarterly events that provide OC families with diapers, education and access to resources.
 - **Goal — to reach 500 families per event**
- **Mobile Mammography Events**
 - No-cost breast cancer screening (BCS) events with health education services, access to community resources and offering \$25 Health Reward to eligible members.
 - **Goals — to increase BCS among Korean and Chinese members**

2021–22 Member Outreach Events (cont.)

- **Escape the Vape (Great American SmokeOut)**
 - In collaboration with the American Cancer Society and Tobacco and Vape Free OC Coalition, annual event that offers tobacco prevention education to school-age children and families.
 - **Goal — to reach 500 participants**
- **CalOptima Vaccination Events**
 - Events will be held by Aug 2021 to provide students with “catch up” vaccines before the new school year.
 - **Goal — to increase vaccinations among school aged children**

Community Partners

- OC Community Action Partnership
- OC Food Bank
- CalFresh
- WIC
- OC Head Start
- Help Me Grow
- Fristers OC
- OC Parent Wellness Program
- Orange County Health Care Agency
- Susan G. Komen Orange County
- Northgate Market
- CCN clinics
- Coalition of Community Clinics
- American Cancer Society
- Tobacco Use Prevention Program
- Tobacco and Vape Free OC Coalition
- Orange County Department of Education
- Inside the Outdoors
- EduVape
- 1-866-NEW-LUNG
- The G.R.E.E.N Foundation
- America on Track
- Anaheim School Districts

Health Equity

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Health Equity Purpose and Priorities

- CalOptima's Leadership is committed to making health equity a strategic priority.
- Purpose Statement
 - Identify opportunities to proactively address health disparities and promote health equity to ensure all CalOptima members receive the supports they need, while developing structure and processes to implement a health equity framework in CalOptima programs and services.
- Priorities
 - Develop Health Equity Framework
 - Structure and process to support health equity work across programs
 - Population Health Equity Analysis and Intervention Evaluation

Questions?

Email: HealthEducationReview@caloptima.org

Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 454 Rodriguez	Provider Supplemental Payments: Would allow the Department of Managed Health Care (DMHC) to require health plans to provide supplemental payments and/or nonmonetary support to any severely impacted providers during and for 60 days after a public health emergency or disaster declaration. DMHC may require health plans to provide rate increases, one-time payments, personal protective equipment, and/or other equipment and business expenses to ensure the continued operation of the practice, but no more than the total payment amount that the plan would have paid in an average year.	05/04/2021 Re-referred to Assembly Appropriations Committee 04/27/2021 Passed Assembly Health Committee 02/08/2021 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose
SB 510 Pan	Disease Testing and Vaccination Coverage: Would require a health plan to cover COVID-19 testing and vaccinations provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements, during a public health emergency. This bill would also apply these requirements to any future diseases causing a public health emergency.	04/12/2021 Re-referred to Senate Appropriations Committee 04/07/2021 Passed Senate Health Committee 02/17/2021 Introduced	CalOptima: Watch CAHP: Oppose Unless Amended
SB 242 Newman	Provider Reimbursement for Medically Necessary Equipment: Would allow physicians and dental providers to be reimbursed for medically necessary business expenses, in compliance with a public health order, to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace during a public health emergency. Reimbursable expenses would include personal protective equipment, infection control supplies, testing supplies and processing, and related information technology expenses.	04/13/2021 Re-referred to Senate Appropriations Committee 03/10/2021 Passed Senate Health Committee 01/21/2021 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 764 Wyden	Crisis Assistance Helping Out on the Streets (CAHOOTS) Act: Would allow State Medicaid programs to provide community-based mobile crisis intervention services under a State Plan Amendment or waiver. Would provide states a 95% FMAP for such services.	03/16/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 563 Berman	Office of School-Based Health Programs: Would establish the Office of School-Based Health Programs within the California Department of Education (CDE), no later than July 1, 2022, to administer current health programs, including the LEA Medi-Cal Billing Option Program, and Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) services. Would also require the CDE to coordinate with DHCS and LEAs to increase access to and expand the scope of school-based Medi-Cal programs.	<p>04/13/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>03/24/2021 Passed Assembly Education Committee</p> <p>02/11/2021 Introduced</p>	CalOptima: Watch
AB 586 O'Donnell	School Health Demonstration Project: Would establish the School Health Demonstration Project, as a two-year program, to expand comprehensive physical and mental health access to students. The CDE would provide support, technical assistance and \$500,000 in annual grants to LEAs to participate in additional Medi-Cal funding opportunities and build partnerships with Medi-Cal managed care plans (MCPs), county mental health plans (MHPs) and private health plans.	<p>04/19/2021 Re-referred to Assembly Appropriations Committee</p> <p>04/13/2021 Passed Assembly Health Committee</p> <p>04/07/2021 Passed Assembly Education Committee</p> <p>02/11/2021 Introduced</p>	CalOptima: Watch
AB 822 Rodriguez	Emergency Psychiatric Observations: Would add observation services for a psychiatric emergency medical condition as a covered Medi-Cal specialty mental health benefit. Medi-Cal MCPs would be required to pay when the suspected condition is later determined not to be a psychiatric emergency.	<p>04/27/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>02/16/2021 Introduced</p>	CalOptima: Watch LHPC: Oppose Unless Amended
SB 221 Wiener	Timely Access to Care: Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment—in alignment with the current time frame for the initial appointment.	<p>03/22/2021 Re-referred to Senate Appropriations Committee</p> <p>03/17/2021 Passed Senate Health Committee</p> <p>01/13/2021 Introduced</p>	CalOptima: Watch CAHP: Oppose

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 293 Limon	Standardized Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) Forms: Would require DHCS to develop standardized forms for specialty mental health services provided under EPSDT after January 1, 2022. Consistent with the CalAIM proposal, the forms would address medical necessity criteria, screening tools and transition of care tools, which would impact coordination and referrals with Medi-Cal MCPs.	03/18/2021 Re-referred to Senate Appropriations Committee 03/17/2021 Passed Senate Health Committee 02/01/2021 Introduced	CalOptima: Watch
SB 562 Portantino	Autism Spectrum Disorder (ASD) Treatment: Would revise and expand the definitions of those providing care and support to individuals with ASD and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental, Individual-differences and Relationship-based model (DIR), or “DIRFloortime,” not currently covered by Medi-Cal, would be authorized to be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services will not be denied or limited if a parent or caregiver is unable to participate.	04/21/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 04/06/2021 Passed Senate Human Services Committee 02/18/2021 Introduced	CalOptima: Watch
SB 773 Roth	Medi-Cal Incentive Payments for School-Based Behavioral Health: Would require DHCS to make incentive payments to Medi-Cal MCPs for the 2022–24 rating period if plans increase access to preventive and behavioral health services for K–12 students through targeted interventions by school-based behavioral health providers. Of note, Gov. Newsom included \$400 million of one-time funding in the proposed state budget for this initiative.	04/14/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 02/19/2021 Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 875 Wood	CalAIM Proposal: County Inmate Release Coordination: No later than January 1, 2023, would require Medi-Cal MCPs to coordinate with county jails, juvenile facilities and county MHPs to provide continued behavioral health services to former inmates who received the same services while incarcerated.	04/27/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 02/17/2021 Introduced	CalOptima: Watch
AB 942 Wood	CalAIM Proposal: Behavioral Health: Would require DHCS to implement alternate criteria for medical necessity regarding behavioral health services, as well as mandatory screening and transition of care tools for Medi-Cal behavioral health benefits no sooner than January 1, 2022. Additionally, as of January 1, 2027, the bill would require a county/counties to administer behavioral health benefits under a single Medi-Cal behavioral health delivery system contract.	04/27/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 02/17/2021 Introduced	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1132 Wood	CalAIM Proposal: Standardized MCP Benefits and Dual Eligible Special Needs Plan (D-SNP) Transition: Would require Medi-Cal MCPs to operate a D-SNP in Coordinated Care Initiative (CCI) counties by January 1, 2023, and in non-CCI counties by January 1, 2025. Would also standardize the benefits provided by Medi-Cal MCPs statewide, including the carve-out of the Multipurpose Senior Services Program (MSSP) and the carve-in of organ transplants by January 1, 2022, and the carve-in of institutional long-term care services by January 1, 2023.	05/03/2021 Re-referred to Assembly Appropriations Committee 04/27/2021 Passed Assembly Health Committee 02/18/2021 Introduced	CalOptima: Watch
SB 256 Pan	CalAIM Proposal: Would authorize DHCS to implement the CalAIM proposal, including the following provisions: <ul style="list-style-type: none"> ■ Enhanced Care Management ■ ILOS ■ Incentive payments to Medi-Cal MCPs ■ Mandatory managed care enrollment populations ■ Population Health Management program ■ Regional capitation rates 	04/28/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 01/26/2021 Introduced	CalOptima: Watch
SB 279 Pan	CalAIM Proposal: Would terminate the Health Homes Program on January 1, 2022, require all MCPs and health plan subcontractors to become accredited by the National Committee for Quality Assurance by January 1, 2026, and implement the State Plan Dental Improvement Program.	04/28/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 01/29/2021 Introduced	CalOptima: Watch
RN 21 08858 Trailer Bill	CalAIM Proposal: Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, for which implementation requires changes in state law.	02/01/2021 Published on the Department of Finance website	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	Patient Access to Medical Foods Act: Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.	01/04/2021 Introduced; referred to House Committees on Energy and Commerce, Ways and Means and Armed Services	CalOptima: Watch
H.R. 1118 Dingell	Medicare Hearing Aid Coverage Act of 2021: Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.	02/18/2021 Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 114 Maienschein	Rapid Whole Genome Sequencing: Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit for any beneficiary who is at least one year of age and is receiving inpatient services in an intensive care unit. The benefit would include individual sequencing, trio sequencing for one or more parent and their baby, and ultra-rapid sequencing.	04/13/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 12/17/2020 Introduced	CalOptima: Watch
AB 342 Gipson	Colorectal Cancer Screenings and Colonoscopies: Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening and laboratory test recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, would prohibit health plans from imposing cost sharing on colonoscopies for those between 50 and 75 years of age. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.	03/26/2021 Re-referred to Assembly Appropriations Committee 03/23/2021 Passed Assembly Health Committee 01/28/2021 Introduced	CalOptima: Watch
SB 245 Gonzalez	Abortion Services: Would prohibit a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2022. Likewise, a health plan may not require a prior authorization or impose an annual or lifetime limit on such coverage.	04/12/2021 Re-referred to Senate Appropriations Committee 04/07/2021 Passed Senate Health Committee 01/22/2021 Introduced	CalOptima: Watch CAHP: Oppose
SB 306 Pan	Sexually Transmitted Disease (STD) Home Test Kits: Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. Would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception	04/19/2021 Passed Senate Business, Professions and Economic Development Committee; referred to Senate Appropriations Committee 04/07/2021 Passed Senate Health Committee 02/04/2021 Introduced	CalOptima: Watch CAHP: Oppose

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 523 Leyva	Contraceptive Equity Act of 2021: Effective January 1, 2022, would require health plans to provide coverage of all Food and Drug Administration-approved over-the-counter contraceptive drugs, devices, and products, including vasectomies, without a prescription and regardless of gender. Would also require coverage of related examinations, procedures, and consultations.	05/03/2021 Re-referred to Senate Appropriations Committee 04/28/2021 Passed Senate Health Committee 04/05/2021 Passed Senate Labor, Public Employment and Retirement Committee 02/17/2021 Introduced	CalOptima: Watch
RN 21 05566 Trailer Bill	Delayed Suspension of Medi-Cal Adult Optional Benefits: Would delay the suspension of certain Medi-Cal adult optional benefits, which are currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.	02/02/2021 Published on the Department of Finance website	CalOptima: Watch
RN 21 05595 Trailer Bill	Delayed Suspension of Medi-Cal Postpartum Care Extension: Would delay the suspension of Medi-Cal postpartum expanded eligibility, which is currently set to expire on December 31, 2021, by 12 additional months through December 31, 2022. Postpartum expanded eligibility allows Medi-Cal beneficiaries who receive pregnancy-related services and are diagnosed with a mental health condition to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy. Upon the discontinuation of postpartum expanded eligibility on December 31, 2022, postpartum care would terminate 60 days after the last day of pregnancy.	02/02/2021 Published on the Department of Finance website	CalOptima: Watch

MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status.	04/13/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 12/07/2020 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 112 Holden	Inmate Eligibility Extension: Would delay the termination date of Medi-Cal eligibility for non-juvenile inmates from one year of elapsed incarceration to three years of elapsed incarceration. For juvenile inmates, Medi-Cal eligibility would not be terminated until three years after their status as a juvenile has ended.	03/26/2021 Re-referred to Assembly Appropriations Committee 03/23/2021 Passed Assembly Health Committee 12/17/2020 Introduced	CalOptima: Watch
AB 470 Carrillo	Elimination of Asset Consideration: Would prohibit the consideration of any assets or property in determining Medi-Cal eligibility under any aid category, subject to federal approval.	04/14/2021 Re-referred to Assembly Appropriations Committee 04/06/2021 Passed Assembly Health Committee 02/08/2021 Introduced	CalOptima: Watch LHPC: Support
SB 56 Durazo	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status.	03/10/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 12/07/2020 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell	Stabilize Medicaid and CHIP Coverage Act of 2021: Similar to S. 646, would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.	03/10/2021 Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch ACAP: Support
S. 646 Brown	Stabilize Medicaid and CHIP Coverage Act of 2021: Similar to H.R. 1738, would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.	03/09/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch ACAP: Support
AB 1050 Gray	Medi-Cal Beneficiary Communications Consent: Would amend the application for Medi-Cal benefits to include a written consent to receive text messages from DHCS, county welfare departments, MCPs and providers regarding appointment reminders and outreach efforts.	04/27/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 02/18/2021 Introduced	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1082 Waldron	California Health Benefits Review Program (CHBRP) Extension: Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from \$2 million to \$2.2 million, beginning July 1, 2022.	03/23/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 02/18/2021 Introduced	CalOptima: Watch CAHP: Support In Concept
AB 1131 Wood	Health Information Network (HIN): Would establish a statewide HIN to facilitate the required exchange of patient data among all health plans, health systems, providers, hospitals, skilled nursing facilities and laboratories in California. Exchanged data would include clinical summaries, claims, encounter data, laboratory data, eligibility files, and race and ethnicity information.	04/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 02/18/2021 Introduced	CalOptima: Watch
AB 1162 Villapadua	Claims Processing Timeline and Prior Authorizations During Emergency: Would shorten the timeline for health plans to process submitted claims from 30-45 days to 20 days for all health plans. Additionally, would allow DMHC to suspend health plan requirements for prior authorizations in any county where a declared state of emergency has impacted beneficiaries or providers.	04/27/2021 Re-referred to Assembly Appropriations Committee 04/20/2021 Passed Assembly Health Committee 02/18/2021 Introduced	CalOptima: Watch CAHP: Oppose Unless Amended
AB 1355 Levine	Independent Medical Review (IMR) System: Would require DHCS to establish an IMR system for Medi-Cal MCPs, effective January 1, 2022. The bill would also provide every Medi-Cal beneficiary filing a grievance with access to an IMR.	03/04/2021 Referred to Assembly Health Committee 02/19/2021 Introduced	CalOptima: Watch
SB 250 Pan	Prior Authorization “Deemed Approved” Status: Beginning January 1, 2023, would require a health plan to review a provider’s prior authorization requests to determine eligibility for “deemed approved” status, which would exempt the provider from prior authorization requirements for any plan benefit for two years. A provider would qualify if their number of denied prior authorizations requests (which were not appealed or were lost upon appeal) are both within a certain range of the average numbers for the same specialty in the same region.	03/17/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 01/25/2021 Introduced	CalOptima: Watch CAHP: Oppose
SB 371 Caballero	Health Information Technology and Exchange: Would require DHCS to apply for federal funding from the American Rescue Plan Act of 2021 or the Medicaid Information Technology Architecture program to create a unified data exchange between the state government, health records systems, other data exchange networks and health care providers, including for the Medi-Cal program. Funds would also be used to provide grants and technical support to small provider practices, community health centers and safety net hospitals to expand the use of health information technology and connect to exchanges.	03/24/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 02/10/2021 Introduced	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08473 Trailer Bill	Delayed Proposition 56 Suspensions: Would delay the suspension of certain value-based payment (VBP) programs authorized under Proposition 56, which are currently set to expire on July 1, 2021. For VBP programs aimed at improving behavioral health integration, DHCS would suspend payments after spending a total of \$95 million. For all other VBP programs, DHCS would suspend payments on July 1, 2022.	02/04/2021 Published on the Department of Finance website	CalOptima: Watch

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	Extension of Medicare Sequestration Moratorium: Extends the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which was set to expire on March 31, 2021, now ends on December 31, 2021.	04/14/2021 Signed into law 04/13/2021 Passed the House 03/25/2021 Passed the Senate 03/12/2021 Introduced	CalOptima: Watch
S. 1162 Casey	Program for All-Inclusive Care for the Elderly (PACE) Plus Act: Would increase the number of PACE programs nationally by making it easier for States to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers. Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility.	04/15/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
AB 523 Nazarian	PACE Flexibilities: Would permanently extend most flexibilities granted to PACE organizations during the COVID-19 public health emergency. This includes flexibilities relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning.	05/04/2021 Re-referred to Assembly Appropriations Committee 04/27/2021 Passed Assembly Health Committee 04/06/2021 Passed Assembly Aging and Long-Term Care Committee 02/10/2021 Introduced	CalOptima: Watch CalPACE: Support/ Sponsor

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 540 Petrie-Norris	<p>PACE Enrollment Process: Would seek to increase enrollment into PACE organizations by:</p> <ul style="list-style-type: none"> ■ Listing PACE as a Medi-Cal/Medicare plan choice in areas where a PACE center is available and there is more than one MCP ■ Delaying mandatory or passive enrollment into MCPs by up to 60 days for new Medi-Cal beneficiaries who express interest in being assessed for PACE ■ Requiring DHCS to establish an auto-referral program for those who may be eligible for PACE upon Medi-Cal enrollment based on age, residence, and prior use of services 	<p>04/28/2021 Re-referred to Assembly Appropriations Committee</p> <p>04/20/2021 Passed Assembly Health Committee</p> <p>04/06/2021 Passed Assembly Aging and Long-Term Care Committee</p> <p>02/10/2021 Introduced</p>	CalOptima: Watch CalPACE: Support/ Sponsor
AB 1083 Nazarian	<p>Senior Affordable Housing Nursing Pilot Program: Would require the California Department of Aging to establish and administer the Housing Plus Services Nursing Pilot Program in the counties of Los Angeles, Orange, Riverside, Sacramento and Sonoma. The program would provide grant funds to qualified nonprofit organizations that specialize in resident services for the purpose of hiring one full-time registered nurse to work at three senior citizen housing developments in each county. The registered nurse would be required to provide health education, navigation, coaching and care to residents.</p>	<p>04/20/2021 Passed Assembly Aging and Long-Term Care Committee; referred to Assembly Appropriations Committee</p> <p>02/18/2021 Introduced</p>	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 671 Wood	<p>Disease Management Payment for Specialty Drugs: Would require DHCS to provide a supplemental disease management payment to contracted pharmacies for dispensing specialty drugs to ensure beneficiary access.</p>	<p>03/23/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>02/12/2021 Introduced</p>	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 882 Gray	Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program: Effective January 1, 2022, would restrict eligibility for loan payment assistance under the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which is currently available to recently graduated physicians and dentists who serve Medi-Cal beneficiaries, to only those who practice in provider shortage areas and whose patients include at least 30% Medi-Cal beneficiaries. Would indefinitely extend the program beyond its current termination date of January 1, 2026.	04/15/2021 Re-referred to Assembly Appropriations Committee 04/06/2021 Passed Assembly Health Committee 02/17/2021 Introduced	CalOptima: Watch LHPC: Oppose Unless Amended
SB 365 Caballero	Medi-Cal Provider Electronic Consultation (E-Consult) Service: Would allow a provider-to-provider e-consult service to be reimbursable by Medi-Cal. Would require the providers to be enrolled in Medi-Cal, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). The e-consult may include assessing health records, providing feedback and/or recommending a further course of action.	05/04/2021 Re-referred to Senate Appropriations Committee 03/24/2021 Passed Senate Health Committee 02/10/2021 Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 316 Eggman	FQHC Reimbursement: Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that does not allow an FQHC to be reimbursed for mental or dental and physical health visits on the same day; a patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit (through the member's primary care provider) and a mental health or dental visit as two separate visits, regardless of whether the visits were at the same location on the same day. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	03/10/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 02/04/2021 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 71 Rivas, Luz	Bring California Home Act: Would create the Bring California Home Fund in the State Treasury to fund a statewide homelessness solutions program. Would authorize the Homeless Coordinating and Financing Council to administer the funds to applicants, including counties and large cities, for the purpose of reducing the number of individuals experiencing homelessness. Eligible uses of funding would include rental assistance, landlord incentives, housing navigation services, moving support, operating costs of affordable supportive and transitional housing projects, and the board and care of individuals with complex needs at licensed residential facilities.	<p>05/04/2021 Re-referred to Assembly Appropriations Committee</p> <p>04/29/2021 Passed Assembly Housing and Community Development Committee</p> <p>04/19/2021 Passed Assembly Revenue and Taxation Committee</p> <p>12/07/2020 Introduced</p>	CalOptima: Watch
AB 369 Kamlager	Presumptive Eligibility and Street Medicine Payment: Would apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card to such individuals. Would also allow Medi-Cal providers to receive reimbursement for any covered Medi-Cal benefit delivered to a homeless individual outside of a medical facility, including primary, specialist and laboratory services, without a referral or prior authorization. Finally, would add a field on the Medi-Cal application form to indicate homelessness.	<p>04/26/2021 Re-referred to Assembly Appropriations Committee</p> <p>04/20/2021 Passed Assembly Health Committee</p> <p>02/01/2021 Introduced</p>	CalOptima: Watch
SB 17 Pan	Office of Racial Equity: Effective until January 1, 2029, would establish the independent Office of Racial Equity to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government by January 1, 2023. Each state agency, including DHCS, would be required to implement a Racial Equity Plan by July 1, 2023, in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals.	<p>04/15/2021 Re-referred to Senate Appropriations Committee</p> <p>04/13/2021 Passed Senate Judiciary Committee</p> <p>03/23/2021 Passed Senate Governmental Organization Committee</p> <p>12/07/2020 Introduced</p>	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	Protecting Access to Post-COVID-19 Telehealth Act of 2021: Would permit the U.S. Secretary of Health and Human Services to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions.	01/19/2021 Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch
H.R. 2166 Sewell	Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021: Similar to S. 150, would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency.	03/23/2021 Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee	CalOptima: Watch NPA: Support
S. 150 Cortez Masto	Ensuring Parity in MA for Audio-Only Telehealth Act of 2021: Similar to H.R. 2166, would require the Centers for Medicare & Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency.	02/02/2021 Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
AB 32 Aguiar-Curry	Telehealth Payment Parity and Flexibilities: Would expand current law to require Medi-Cal MCPs, including County Organized Health Systems, to reimburse their contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal MCP, such as contracted health networks. Likewise, clinics must be reimbursed by Medi-Cal for telehealth services at the same rate as in-person services. Would also allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic.	04/27/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 12/07/2020 Introduced	CalOptima: Watch
AB 935 Maienschein	Behavioral Health Telehealth Consultation Program: Would create a provider-to-provider telehealth consultation program for use when assessing mental health and/or providing mental health treatments for children, pregnant women, and postpartum persons, effective no sooner than July 1, 2022. Would permit telehealth services to be conducted by video or audio-only calls. Additionally, would require the telehealth consultation appointment to be completed by a mental health clinician with expertise in providing care for pregnant, postpartum, and pediatric patients. Would require access to a psychiatrist when deemed appropriate or requested by the treating provider.	04/27/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 02/17/2021 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose Unless Amended

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 21 08394 Trailer Bill	<p>Medi-Cal Telehealth Proposal: Would modify, extend or expand certain telehealth flexibilities adopted by DHCS during the COVID-19 pandemic to be incorporated into permanent law. Would allow FQHCs and RHCs to establish a patient within its federal designated service area through audio-visual telehealth. However, health care providers would be prohibited from establishing a patient through audio-only telehealth or other non-audio-visual telehealth modalities.</p> <p>Would require DHCS to specify the Medi-Cal-covered health care benefits that may be delivered through telehealth services. DHCS and Medi-Cal MCPs would be required to reimburse audio-visual telehealth services at the same rate as in-person services, while audio-only, remote patient monitoring and other modalities may be reimbursed at different rates.</p> <p>Additionally, would allow Medi-Cal MCPs to include telehealth services when determining compliance with network adequacy standards without the use of alternative access standard requests.</p>	<p>02/02/2021 Published on the Department of Finance website</p>	CalOptima: Watch

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	<p>CARING for Kids Act: Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.</p>	<p>01/04/2021 Introduced; referred to House Energy and Commerce Committee</p>	CalOptima: Watch
S. 453 Casey	<p>Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act: Would retroactively extend CHIP's temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency.</p>	<p>02/25/2021 Introduced; referred to Senate Finance Committee</p>	CalOptima: Watch
AB 393 Reyes	<p>Early Childhood Development Act of 2020: Effective immediately, would require the California Department of Social Services (CDSS) to conduct an evaluation of emergency childhood services provided during the COVID-19 public health emergency, including the following:</p> <ul style="list-style-type: none"> ■ Availability of crisis childcare services ■ Availability of COVID-19 testing and personal protective equipment ■ Vaccination prioritization and distribution ■ Cleaning of childcare centers ■ Payment to family childcare homes during state-mandated closures ■ Foster care programs <p>CDSS would be required to submit its findings and associated recommendations to the State Legislature by October 1, 2021.</p>	<p>04/21/2021 Passed Assembly Human Services Committee; referred to Assembly Appropriations Committee</p> <p>02/02/2021 Introduced</p>	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 428 Hurtado	Adverse Childhood Experiences Screenings (ACEs): Would require a health plan to provide coverage for ACEs.	04/21/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 02/12/2021 Introduced	CalOptima: Watch
SB 682 Rubio	Childhood Chronic Health Conditions: Would require CHHS, the Governor’s office and other departments to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions may include asthma, diabetes, depression and vaping-related diseases.	04/12/2021 Re-referred to Senate Appropriations Committee 04/07/2021 Passed Senate Health Committee 02/19/2021 Introduced	CalOptima: Watch

Two-Year Bills

The following bills did not meet the deadline to be passed by a policy committee in their originating house. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 58 (Salas)
- AB 552 (Quirk-Silva)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 862 (Chen)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1160 (Rubio)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- AB 1400 (Kalra, Lee, Santiago)
- SB 508 (Stern)

*Information in this document is subject to change as bills proceed through the legislative process.

ACAP: Association for Community Affiliated Plans

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: May 10, 2021

2021 Federal Legislative Dates

January 3	117th Congress, First Session convenes
March 29–April 9	Spring recess
August 2–27	Summer recess for House
August 9–September 10	Summer recess for Senate
December 10	First Session adjourns

2021 State Legislative Dates*

**Due to COVID-19, 2021 State Legislative dates have been modified*

January 11	Legislature reconvenes
February 19	Last day for legislation to be introduced
March 25–April 4	Spring recess
April 30	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
May 7	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
May 21	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
June 1–4	Floor session only
June 4	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 14	Last day for policy committees to hear and report bills to fiscal committees or the floor
July 16–August 15	Summer recess
August 27	Last day for fiscal committees to report bills to the floor
August 30–September 10	Floor session only
September 3	Last day to amend bills on the floor
September 10	Last day for bills to be passed; final recess begins upon adjournment
October 10	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislatedeadlines>

About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County’s community health plan, our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan) and the Program of All-Inclusive Care for the Elderly (PACE).

FY 2021–22 California State Budget: Analysis of the May Revise

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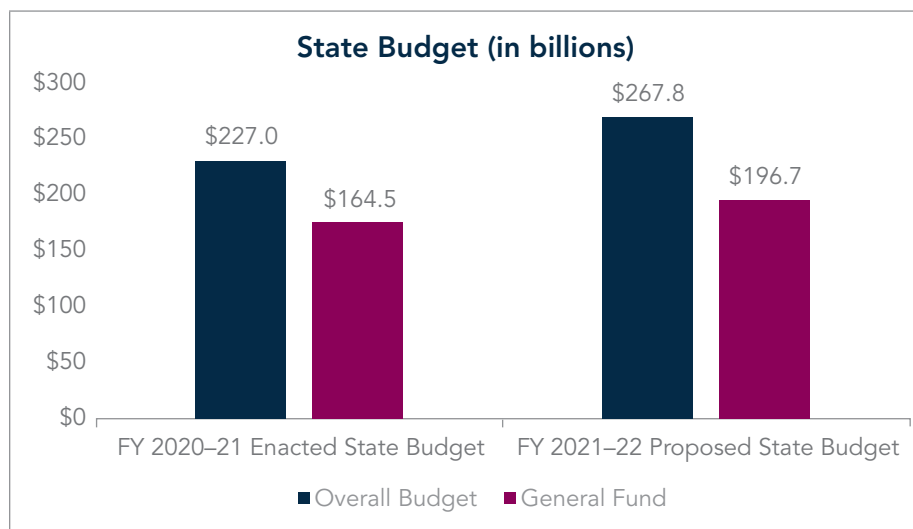
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Overview

On May 14, 2021, Gov. Gavin Newsom announced the Revised State Budget (May Revise) for Fiscal Year (FY) 2021–22. After the State experienced a budget shortfall of \$54 billion in 2020, the *California Comeback Plan* includes \$25 billion in federal relief for an overall budget surplus of \$100 billion for the next FY.

As the State continues to respond to the public health emergency, Gov. Newsom's proposed budget expands existing health care programs managed by the Department of Health Care Services (DHCS) and includes several one-time funding proposals. The May Revise proposes a total budget of \$267.8 billion, including \$196.7 billion General Fund (GF). In comparison with the January Proposed Budget (\$227 billion, including \$164.5 billion GF), this reflects an increase in spending of nearly 18%.¹ CalOptima's analysis features highlights from the May Revise, including budget provisions for California Advancing and Innovating Medi-Cal (CalAIM), homelessness and the COVID-19 pandemic.

Table 1. California State Budget



Revised State Budget

The budget increases funding for the State's Medi-Cal program to a total of \$123.8 billion (\$27.6 billion GF).² When compared with Medi-Cal funding in the FY 2020–21 Enacted Budget (\$115.4 billion (\$22.3 billion GF), this represents an increase of nearly 7%. The May Revise also assumes fewer Medi-Cal beneficiaries than estimated in the January Proposed Budget. The Medi-Cal caseload is expected to include approximately 14.5 million total



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California State Budget: Analysis of the May Revise (continued)

Medi-Cal beneficiaries by 2022, down from 16.1 million. The total caseload is due to the suspension of Medi-Cal eligibility redeterminations, the COVID-19-driven recession and additional data on actual caseload growth.

Behavioral Health for Youth

In response to the ongoing COVID-19 pandemic, the Administration and State Legislature have prioritized behavioral health (BH) services for youth ages 25 and younger. The May Revise includes nearly \$3.5 billion in proposed funding with several initiatives focusing on care coordination, prevention and access.³ This includes implementing an incentive plan through Medi-Cal managed care plans, in partnership with county BH departments, to increase the number of students receiving preventive and early intervention BH services at school:

- \$1.7 billion (\$1.3 billion American Rescue Plan Act [ARPA])
- \$1 billion from ARPA's Coronavirus State Fiscal Recovery Fund
- \$431 million (\$300 million GF) ongoing for the Children and Youth Behavioral Health Initiative
- \$39.2 million GF to assist counties with serving foster youth with complex needs and BH conditions
- \$30 million one-time distribution from the Mental Health Services Fund for Mental Health Student Services Act partnership grants
- \$23.8 million ongoing GF to provide children aging out of Early Start provisional Lanterman service with eligibility up to age 5
- \$12.4 million one-time GF for seven demonstration projects focused on advancing research and developing approaches to treating and preventing Adverse Childhood Experiences (ACEs).

CalAIM

Components of the CalAIM proposal, such as Enhanced Care Management and In Lieu of Services, continue to receive funding in the May Revise, with \$1.6 billion (\$673 million GF) proposed for FY 2021–22 and \$1.5 billion (\$746.6 million GF) for FY 2022–23. In comparison with the January Proposed Budget, this reflects an increase of \$5 billion for FY 2021–22. With additional funds available, the Administration included three new proposals for CalAIM: Medi-Cal Population Health Management (PHM), Providing Access and Transforming Health (PATH), and a Medically Tailored Meals Pilot Program.⁴ Of note, the preliminary PHM proposal allowed individual health plans to develop their own programs. The May Revise specifies PHM would now standardize risk stratifications and quality measures statewide, which would streamline assessments to improve care coordination through CalAIM.

Table 2. CalAIM Proposed Funding

Cost Category	May Revise Estimate
Behavioral Health	\$21.8 million
Dental	\$113.5 million
Enhanced Care Management	\$187.5 million
Incentives	\$300.0 million
In Lieu of Services	\$47.9 million
Medically Tailored Meals	\$9.3 million
Multipurpose Senior Services Program Carve-out	\$1.6 million
Organ Transplant Carve-In	\$4.7 million
PATH	\$200.0 million
Population Health Management	\$300.0 million
Specialty Mental Health Services Carve-Out	-\$4.8 million
State Operations Funding	\$38.9 million
Transitioning Populations	\$401.6 million

COVID-19

The State continues to recover from the COVID-19 pandemic-driven recession and public health emergency. As of May 2021, 3.6 million California residents have contracted COVID-19, including nearly 62,000 people who have died.⁵ The May Revise highlights the State's ongoing response to the pandemic using state and federal funds, including the most recent \$27 billion from ARPA.

The State calculates significant fiscal impacts related to the pandemic, including \$5.6 billion in total costs in FY 2020–21 and \$12.1 billion in total costs in FY 2021–22. This includes costs for contact tracing, testing, vaccine administration and temporary provider reimbursements.⁶

Table 3. COVID-19 Costs to the State⁷

Cost Category	May Revise Estimate
Community Engagement	\$193.3 million
Contact Tracing and Tracking	\$233.1 million
Hospital and Medical Surge	\$1.2 billion
Hotels for Health Care Workers	\$277.9 million
Housing for the Harvest	\$24.2 million
Procurements	\$2.9 billion
State Response Operations	\$2.3 billion
Statewide Testing	\$1.8 billion
Support for Vulnerable Populations	\$1.7 billion
Vaccine Distribution and Administration	\$1.3 billion

Furthermore, DHCS estimates a significant offset in state spending due to increased federal funding from the Families First Coronavirus Response Act that is projected to remain through December 2021 due to the ongoing public health emergency. This specifically includes:

- \$4.4 billion in additional FY 2020–21 federal funding, offsetting \$2.6 billion in GF costs
- \$3.6 billion in additional FY 2021–22 federal funding, offsetting \$2.3 billion in GF costs

Of note, upon the conclusion of the public health emergency, the May Revise includes one-time funding of \$73 million (\$36.5 million GF) for FY 2021–22 and FY 2022–23 to resume annual Medi-Cal redeterminations.⁸

Covered Benefits

In addition to proposing the CalAIM initiative, Gov. Newsom suggests the Medi-Cal program expand the list of covered benefits and address issues related to health equity and cultural sensitivity. In response, the May Revise includes the following two new proposals:

- **Doula Care:** The May Revise includes \$403,000 (\$152,000 GF) in FY 2021–22 and approximately \$4.4 million (\$1.7 million GF) annually to add doula services as a Medi-Cal covered benefit, effective January 1, 2022.⁹
- **Dyadic Care:** The May Revise includes \$200 million (\$100 million GF) annually to introduce a new statewide Medi-Cal benefit that would provide integrated physical and behavioral health screening and services to the whole family. The goal of providing dyadic care is to improve access to preventive and coordinated care for children, increase rates of immunization completion, offer social-emotional health services, foster developmentally appropriate parenting and promote maternal mental health.¹⁰

Of note, Proposition 56 directed payments, In-Home Support Services (IHSS) and optional adult Medi-Cal benefits that were scheduled for suspension in 2021 are now proposed to receive ongoing funding and have been removed from the suspension list.

Homelessness

The homeless crisis continued to emerge throughout the pandemic. The State's response with Project Roomkey, and then Project Homekey, was successful at both housing those experiencing homelessness and reducing their risk of contracting COVID-19.¹¹ The May Revise builds off the January Proposed Budget, increasing homeless services from \$2.1 billion to \$6.8 billion. This

includes \$3.5 billion in one-time funds over two years for Project Homekey, with \$1 billion specifically targeting those who are experiencing or at risk of homelessness. In total, the May Revise includes \$11.9 billion over the next two FYs with a goal of ending homelessness statewide.¹²

Medi-Cal Expansion

Originally proposed in 2019 and suspended due to the pandemic, the May Revise seeks to expand Medi-Cal eligibility to those 60 years or older, regardless of immigration status. This includes \$69 million (\$50 million GF) in FY 2021–22 and \$1 billion (\$859 million GF) ongoing to expand Medi-Cal, including IHSS, to undocumented adults ages 60 and older, effective no sooner than May 1, 2022.¹³

The May Revise also includes a five-year Medi-Cal eligibility expansion program for postpartum women. This would extend eligibility for full-scope Medi-Cal from six months to 12 months postpartum. Effective no sooner than April 1, 2022, the May Revise includes \$90.5 million (\$45.3 million GF) in FY 2021–22 and \$362.2 million (\$181.1 million GF) annually between FY 2022–23 and FY 2027–28 to implement the expansion.¹⁴

Medi-Cal Rx

The pharmacy benefit will remain carved-in to managed care through the remainder of this calendar year. However, for budgeting purposes, the Administration anticipates the carve-out will take place no sooner than January 1, 2022. With the current placeholder in the May Revise, the Medi-Cal Rx carve-out is expected to result in ongoing annual savings of \$859 million (\$309 million GF). Due to the timing of various Medi-Cal Rx transition impacts, the May Revise also assumes temporary costs of \$32 million (\$14 million GF) in FY 2020–21 and \$363 million (\$134 million GF) in FY 2021–22.¹⁵ The Administration is still discussing an implementation plan and will provide an update in the coming months.

Telehealth

As part of the Administration's proposal to extend telehealth flexibilities implemented during the pandemic, DHCS will establish audio-only telehealth rates at 65% of the Medi-Cal fee-for-service rate and a comparable alternative to prospective payment system rates for community clinics to maintain an incentive for in-person care. DHCS will consult with stakeholders to establish utilization management protocols for all telehealth services prior to implementation of post-pandemic telehealth services.¹⁶

Other Medi-Cal Proposals

Gov. Newsom included additional key proposals impacting Medi-Cal within the May Revise:

- Community Health Workers: \$16.3 million (\$6.2 million GF), increasing to \$201 million (\$76 million GF) by FY 2026–27, to add community health workers to the class of health workers permitted to provide services to Medi-Cal beneficiaries, effective January 1, 2022.¹⁷
- Health Information Exchange: \$2.5 million GF for the Health and Human Services Agency to lead efforts and stakeholder engagement in building out information exchange for health and social services programs.¹⁸
- Master Plan for Aging Implementation: An April 1, 2021, proposal included \$3.3 million GF ongoing to provide the Department of Aging with policy, project management and information technology leadership necessary to implement the Master Plan for Aging.¹⁹

- Regional Center Mobile Crisis Teams: \$8 million GF in FY 2021–22, increasing to \$11 million GF ongoing in FY 2022–23, for Systemic, Therapeutic, Assessment, Resources and Treatment (START) teams. The START teams provide 24-hour crisis prevention and response services to individuals with intellectual or developmental disabilities.²⁰

Next Steps

The California State Legislature is constitutionally obligated to pass a balanced budget by June 15, 2021, which must be enacted by the Governor by July 1, 2021. Many of these proposals, such as CalAIM, require additional legislation to implement. CalOptima will continue to closely monitor ongoing budget discussions and provide updates regarding issues that impact the advancement of CalOptima’s legislative priorities.

About CalOptima

CalOptima, a county organized health system (COHS), is the single plan providing guaranteed access to Medi-Cal for all eligible individuals in Orange County and is responsible for almost all medical acute services, including custodial long-term care. CalOptima is governed by a locally appointed Board of Directors, which represents the diverse interests that impact Medi-Cal.

If you have any questions, please contact:

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Endnotes

- ¹ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 13
- ² 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 84
- ³ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pgs. 79–80
- ⁴ DHCS May Revise Budget Highlights, May 14, 2021, Pg. 7
- ⁵ California COVID-19 State Dashboard, May 17, 2021
- ⁶ DHCS May Revise Budget Highlights, May 14, 2021, Pg. 10
- ⁷ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 30
- ⁸ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 87
- ⁹ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 85
- ¹⁰ DHCS May Revise Budget Highlights, May 14, 2021, Pg. 5
- ¹¹ Legislative Analyst’s Office: California’s Homelessness Challenges in Context, January 21, 2021
- ¹² 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 5
- ¹³ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 82
- ¹⁴ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 85
- ¹⁵ DHCS May Revise Budget Highlights, May 14, 2021, Pg. 12
- ¹⁶ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 86
- ¹⁷ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 85
- ¹⁸ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 101
- ¹⁹ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 83
- ²⁰ 2021–22 Governor’s May Revise Budget Summary, May 14, 2021, Pg. 81